

1011

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of Michalsman
Town of Michalsman
or
City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177
County Registrar No. 457
Local Registrar No. 1

2. Full name of child John Henry Clark
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____ 5. No., in order of birth yes
6. Legitimate? yes
7. Date of birth July 22 1923
Month Day Year

8. FATHER
Full name Arthur H. Clark
9. Residence (Usual place of abode) Maricopa Arizona
If nonresident, give place and state
10. Color or race American
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Maricopa Arizona
(State or country)
13. Occupation
Nature of industry Cattleman
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

14. MOTHER
Full maiden name Corona Arcega Clark
15. Residence (Usual place of abode) Maricopa Arizona
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Maricopa Arizona
(State or country)
19. Occupation
Nature of industry House wife
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:10 P. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Wm. P. Humphrey
Address Michalsman Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed July 30 1923
Filed 8/8 1923
Local Registrar. H. P. Roberts
County Registrar. B. J. J. J.

132-722-332