

804

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 NAME ADDED BY SUPPLEMENT *ES*

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Apache State Index No. 3
 District of St Johns County Registrar [Signature]
 Town of St Johns Local Registrar No. 52
 or
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Lawrence Jones } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct 3 1929
 Month day year

<p>8. FATHER</p> <p>Full name <u>Thomas L Jones</u></p> <p>9. Residence (Usual place of abode) <u>St Johns Ariz</u> If nonresident, give place and state _____</p> <p>10. Color or race <u>W</u></p> <p>11. Age at last birthday <u>33</u> (Years)</p> <p>12. Birthplace (city or place) <u>St Johns</u> (State or country) <u>Arizona</u></p> <p>13. Occupation <u>Stock raising</u> Nature of industry _____</p>	<p>14. MOTHER</p> <p>Full maiden name <u>Daphne Fange Lewis</u></p> <p>15. Residence (Usual place of abode) <u>St Johns Ariz</u> If nonresident, give place and state _____</p> <p>16. Color or race <u>W</u></p> <p>17. Age at last birthday <u>33</u> (Years)</p> <p>18. Birthplace (city or place) <u>Rural</u> (State or country) <u>New Mex</u></p> <p>19. Occupation <u>House wife</u> Nature of industry _____</p>
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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 2
 (b) Born alive but now dead 0
 (c) Stillborn 0

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 alive (Born alive or stillborn.) at 3 P m. on the date above stated.

*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 evidences of life after birth.

Signature [Signature] (Physician or midwife)
 Address St Johns Ariz
 Given name added from a supplemental report _____
 Month, day, year. _____

Filed Oct 5 1929 Local Registrar. [Signature]
 Filed Oct 5 1929 County Registrar. [Signature]

Registrar. _____

312-1005-432