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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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Yuma
District of Yuma
Town of St Johns
or
City of _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

State Index No. 10
County Registrar No. 127
Local Registrar No. 54

2. Full name of child Roland Cleazar Jones 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 3 6. Legitimate? Yes 7. Date of birth Oct 15 1923 Month day year

8. FATHER Full name Daniel Rolland Jones 14. MOTHER Full maiden name May Myrtle Rose

9. Residence (Usual place of abode) St Johns Ariz If nonresident, give place and state. 15. Residence (Usual place of abode) St Johns Ariz If nonresident, give place and state.

10. Color or race White 11. Age at last birthday 28 (Years) 16. Color or race White 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) (State or country) St Johns Ariz 18. Birthplace (city or place) (State or country) Lawrenceville Ky

13. Occupation Nature of industry Mason 19. Occupation Nature of industry House Wife

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 3 (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 _____ at 1 a.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 evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____

Signature Margaret Jarvis (Physician or midwife)
Address St Johns Ariz
Filed 11/5/23 19 22 Local Registrar.
Filed 22 Oct 10 1923 J J Bonlatini County Registrar.

912-1015-495