

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 124

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. _____

No. 302 Pine Oak St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Carnest Clark { 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 5 6. Legitimate? yes 7. Date of birth Feb. 12 - 1925
Month Day Year8. FATHER
Full name Henry Clark
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state. Ariz.14. MOTHER
Full maiden name Jessie Ayars
15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state. Ariz.10. Color or race Cauc. 11. Age at last birthday 33 (Years)16. Color or race Cauc. 17. Age at last birthday 23 (Years)12. Birthplace (city or place) Little Rock, Ark.
(State or country)18. Birthplace (city or place) Mongollon, New Mex.
(State or country)13. Occupation
Nature of Industry Timberman19. Occupation
Nature of Industry Housewife20. Number of children of this mother } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn _____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 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 evidence of life after birth.
Signature Eyril M. Brown, M.D. (Physician or midwife)
Address Miami, Ariz.Given name added from a supplemental report _____
Month, day, year _____ Filed April 5, 1925 Nelson D. Brayton Local Registrar.

Registrar _____

Filed _____, 19 _____

County Registrar _____

532-212-172

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.