

CERTIFICATE AMENDED
SEE NOTATION *

*** GIVEN NAME AMENDED BY SUPPLEMENTARY REPORT OF REGISTRANT (4-9-73) (ma)**

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125

County Registrar No. _____

Local Registrar No. _____

No. 302 Pine Oak St. St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child ZORRAINE ERNESTINE Clark

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth Feb. 12-1925
Month Day Year

5. No., in order of birth 6

8. FATHER
Full name Henry Clark

9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

10. Color or race Cauc.

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Little Rock, Ark.
(State or country)

13. Occupation
Nature of industry Timberman

14. MOTHER
Full maiden name Jessie Ayars

15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

16. Color or race Cauc.

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Mongollon, New Mex.
(State or country)

19. Occupation
Nature of industry Housewife

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 6
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 1:15 a. m. on the date above stated

(Born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife)

Address Miami, Ariz.

*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.

Given name added from a supplemental report. Filed April 5, 1925 W. E. M. O. Brayton Local Registrar.

Month, day, year Registrar _____ Filed _____, 19____ County Registrar.

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.

332-512-112