ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175
County Registrar No.
Local Registrar No. 48

PLACE OF BIRTH

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

2. Full name of child Baby Jones
{ 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
5. No., in order of birth 1st
6.
7. Date of birth May 8 - 1925.
Month Day Year

8. FATHER	14. MOTHER
Full name Floyd Jones	Full maiden name Florence Brittan
9. Residence (Usual place of abode) Globe	15 Residence (Usual place of abode) Claypool
If non-resident, give place and state. Ariz	If non-resident, give place and state. Ariz
10. Color or race Caue.	16 Color or race Caue
11. Age at last birthday 21 (Years)	17. Age at last birthday 19 (Years)
12. Birthplace (city or place)	18. Birthplace (city or place) Langtry
(State or country) Okla.	(State or country) Texas
13. Occupation	19. Occupation
Nature of industry Miner	Nature of industry None

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 1
(b) Born alive but now dead
(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 (Born alive or stillborn) at 6.30 A. 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 evidence of life after birth.

Signature Cyril M. Crow M.D. (Physician or midwife).
Address Miami, Arizona.

Given name added from a supplemental report
Month, day, year

Filed May 12, 1925 C. E. Irvin
Local Registrar.

Registrar

Filed, 19
County Registrar.

012-508-625

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD