ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 229 V

Registered No. 104

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. St. Ward

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

2. Full name of child John Kenneth Brock { 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 1 | 6. Legitimate? Yes | 7. Date of birth May 25 1925 (Month Day Year)

8. FATHER

Full name John Riley Brock

9. Residence (Usual place of abode) Miami Ariz

If non-resident, give place and state.

10. Color or race Caucasian | 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) San Antonio Texas

(State or country)

13. Occupation Train man

Nature of Industry Rail Road

14. MOTHER

Full maiden name Lottie Elizabeth Tryon

15 Residence (Usual place of abode) Miami Ariz

If non-resident, give place and state.

16 Color or race Caucasian | 17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Eden Ariz

(State or country)

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 1

(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 none

(c) Stillborn none

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 alive at 5 to 7 P.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 [illegible] Cron MD

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address

Registrar

Filed June 11, 1925 C. E. Twin

Registrar

122-525-335

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