

WRITE IN UNFADING INK—THIS IS PERMANENT RECORD—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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Chula BUREAU OF VITAL STATISTICS State Index No. 220
 District of _____

Town of _____ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. _____
 or Heobe No. 72952nd Local Registrar No. 202
 City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Doris Marie Jones. If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth July 31-1925
 Month day year

8. FATHER Full name Walter Jackson Jones

14. MOTHER Full maiden name Laurina Ruth Richardson

9. Residence (Usual place of abode) 72952nd
 If nonresident, give place and state

15. Residence (Usual place of abode) 72952nd St
 If nonresident, give place and state

10. Color or race W

11. Age at last birthday 30 (Years)

16. Color or race W

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Texas
 (State or country)

18. Birthplace (city or place) Hillsboro
 (State or country) Mo.

13. Occupation Book Keeper
 Nature of industry

19. Occupation Nursewife
 Nature of industry

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 Doris Marie Jones at 4:10 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 evidences of life after birth. Signature C. Gunter (Physician or midwife)

Given name added from a supplemental report _____ Address _____

Month, day, year. Filed 7-31, 1925 W. M. Mont Local Registrar.
412-731-395 Filed _____ 19____ County Registrar.
 Registrar.