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.

UNFADING INK—THIS IS A PERMANENT RECORD

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 229

County Registrar No.

Local Registrar No. 151

PLACE OF BIRTH

1. County of Greenlee

District of

Town of Morenci

or

City of ..... 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 Woodfin Yarborough } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M — 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 11 — 11 — 25 (Month day year)

8. FATHER

Full name Woodfin Bradshear Yarborough

9. Residence (Usual place of abode) Morenci

If nonresident, give place and state

10. Color or race Wh

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) (State or country) North Carolina

13. Occupation Chief electrician

Nature of industry

14. MOTHER

Full maiden name Audrey White

15. Residence (Usual place of abode) Morenci

If nonresident, give place and state

16. Color or race Wh

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) (State or country) Colorado

19. Occupation Housewife

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 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 1:15 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 evidences of life after birth.

Signature Hal W. Pace M.D. (Physician or midwife)

Address Morenci Arizona

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

Filed Nov 15, 19 ..... Local Registrar.

..... Registrar.

Filed ....., 19 ..... County Registrar.

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