

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172
County Registrar No. _____
Local Registrar No. 478

PLACE OF BIRTH
1. County of Pima
District of Claypool
Town of Miami
or
City of _____ No. Broad St. _____ Ward _____

2. Full name of child Opal Stubblefield (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan 16 1926</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER Full name <u>James Frank Stubblefield</u>	14. MOTHER Full maiden name <u>Vada McCloud</u>
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9. Residence (Usual place of abode) <u>Claypool, Arizona</u> If non-resident, give place and state.	15. Residence (Usual place of abode) <u>Claypool, Arizona</u> If non-resident, give place and state.
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10. Color or race <u>White</u>	16. Color or race <u>White</u>
11. Age at last birthday <u>40</u> (Years)	17. Age at last birthday <u>22</u> (Years)

12. Birthplace (city or place) (State or country) <u>Tennessee</u>	18. Birthplace (city or place) (State or country) <u>Virginia</u>
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13. Occupation Nature of Industry <u>Copper mine</u>	19. Occupation Nature of Industry <u>Housewife</u>
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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 <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:15 A m. on the date above stated
(Born alive or stillborn.)

Signature J. J. Miller (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____ Filed Feb 3 26 19 _____ Local Registrar.

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.

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