

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
 1. County of Apache  
 District of Saint Johns,  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

State Index No. 13  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 10

2. Full name of child Milton Albert Clumb,  
(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 Male 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 April 21, 1926  
 Month day year

8. FATHER  
 Full name Prory Albert Clumb  
 9. Residence (Usual place of abode) Saint Johns, Ariz  
 If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
 Full maiden name Pauline Olive White  
 15. Residence (Usual place of abode) Saint Johns, Ariz  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race White  
 11. Age at last birthday 29 (Years)

16. Color or race White  
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Saint Johns, Arizona  
 (State or country) \_\_\_\_\_

18. Birthplace (city or place) Saint Johns, Arizona  
 (State or country) \_\_\_\_\_

13. Occupation  
 Nature of industry Farmer

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 3  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 2  
 (b) Born alive but now dead 0  
 (c) Stillborn 0  
 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 alive at 10:20 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 Margaret Jarnis  
(Physician or midwife)  
 Address Saint Johns, Arizona

Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed 5/1 1926 \_\_\_\_\_  
 Local Registrar. \_\_\_\_\_  
 Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

472-421-765

AS ORDER OF JUDICIAL STATE.