

## PLACE OF BIRTH

1. County of \_\_\_\_\_  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160  
 County Registrar No. 609  
 Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ernest William Bonner } 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 yes }  
 6. Legitimate? yes }  
 7. Date of birth May 19 1926  
 Month Day Year

8. FATHER  
 Full name Geo. W. Bonner

11. MOTHER  
 Full maiden name Fellia Dougherty

9. Residence (Usual place of abode) Joplin, Mo.  
 If nonresident, give place and state Mo.

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 If nonresident, give place and state Mo.

10. Color or race White  
 11. Age at last birthday 36 (Years)

16. Color or race White  
 17. Age at last birthday 19 (Years)

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

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

13. Occupation Belt Repair man  
 Nature of industry Wears

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 3  
 (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 alive at 1:30 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 evidence of life after birth.

Signature John Hagan MD  
 Address Joplin, Mo.  
 (Physician or midwife)

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

Filed May 25 1926 L. S. Dism  
 Local Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
 County Registrar.

Registrar.

532-519-646