

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 214 V
Registered No. 194

1. PLACE OF BIRTH

County Gila State Ariz
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Teddy Ray Jones
(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 8-27-26
Month Day Year

8. FATHER
Full name Heard Kaley Jones

14. MOTHER
Full maiden name Jessie Lee Hickey

9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 32 (Years)

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

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

18. Birthplace (city or place) Stephensville Texas
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2
(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 30

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. m. on the date above stated
(Born alive or stillborn.)

Signature E. W. Adams
Physician
(Physician or midwife.)

Given name added from _____ Address Globe, Ariz.
Month, day, year

Filed 8-31 1926 H. J. Horst
Registrar Registrar

312-827-188

WRITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD. If case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.