

PLACE OF BIRTH

1. County of Graham

District of _____

Town of Glendon

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 242

County Registrar No. _____

Local Registrar No. 53

No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____

) If child is not yet named, make supplemental report, as directed.

3. Sex of Child

maleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date

of birth

Month

day

year

5. No., in order of birth _____

yes

3.

FATHER

Full name

Joe. Earl Coons

14.

MOTHER

Full maiden name

Velma Baran

9.

Residence
(Usual place of abode)

If nonresident, give place and state

Los Angeles, Ca.

15.

Residence
(Usual place of abode)

If nonresident, give place and state

Los Angeles, Cal.

10.

Color or race

white11. Age at last birthday 26 (Years)

16.

Color or race

white17. Age at last birthday 25 (Years)

12.

Birthplace (city or place)

(State or country)

Old Mexico

18.

Birthplace (city or place)

(State or country)

Arizona

13.

Occupation

Nature of industry

Laborer

19.

Occupation

Nature of industry

Housewife

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 2(b) Born alive but now dead —(c) Stillborn —21. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 AM 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 _____

Address _____

Given name added from

supplemental report _____

Month, day, year.

Registrar.

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Local Registrar.

County Registrar.

Sope

030-906-535

N. B.—In case of more than one child, a separate certificate must be issued to each, and the number of each, in order of birth stated.