

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 50

Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Cochise State Ariz

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Douglas No. 9358 St. PL Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Jean Taylor (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes } 7. Date of birth Nov 14-19-28  
5. No., in order of birth \_\_\_\_\_ Month Day Year

8. FATHER Full name John Taylor

14. MOTHER Full maiden name Lula Lawson

9. Residence (Usual place of abode) 935-8  
 If non-resident, give place and state.

15. Residence (Usual place of abode) 935-8  
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 27 (Years)

16. Color or race White 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Texas

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Texas

13. Occupation Nature of industry Calvin Plaster Co.

19. Occupation Nature of industry Wife

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 1  
 (b) Born alive but now dead 1  
 (c) Stillborn \_\_\_\_\_

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 8.0 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 Geo M. [unclear]  
Douglas Ariz  
 (Physician or midwife)

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

Registrar. \_\_\_\_\_ Filed 4/24, 1928 Glenn  
 Registrar.

239-314-335