

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

State File No. 192  
 Registered No. 137

**1. PLACE OF BIRTH.**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Copper Hill No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Augusta La Von Malone { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>July 29, 1928</u> Month Day Year
		5. No., in order of birth. _____		

8. FATHER  
Full name Jesse Harry Malone

14. MOTHER  
Full maiden name Ethel Ray Johnson

9. Residence  
(Usual place of abode) Copper Hill  
If non-resident, give place and state. Arizona

15. Residence  
(Usual place of abode) Copper Hill  
If non-resident, give place and state. Arizona

10. Color or race  
White

11. Age at last birthday 32 (Years)

16. Color or race  
White

17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Monument  
(State or country) New Mexico

13. Occupation Stationary Engineer  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

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 <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
(b) Born alive but now dead <u>1</u>	
(c) Stillborn <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 7:35 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 evidence of life after birth.

Signature [Signature]  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Globe Ariz.

Month, day, year \_\_\_\_\_  
 Filed 8/1 1928 [Signature]  
 Registrar

145-707-515

Case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.