

## PLACE OF BIRTH

County of Apache  
 City of Vernon  
 State of Vernon

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 3  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

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

2. Full name of child James Howard Evans

3. Sex of Child Male To be answered ONLY in event of plural births.  
 4. Twin, triplet or other. 3  
 5. No., in order of birth. 3  
 6. Legitimate? Yes  
 7. Date of birth 8 8 1928  
 Month day year

8. FATHER Full name John Franklin Evans  
 14. MOTHER Full maiden name Mary Emma Dalton

9. Residence (Usual place of abode) Vernon  
 If nonresident, give place and state  
 15. Residence (Usual place of abode) Vernon  
 If nonresident, give place and state

10. Color or race White  
 11. Age at last birthday 18 (Years)  
 16. Color or race White  
 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Taylor, Arizona  
 (State or country)  
 18. Birthplace (city or place) Brice, Arizona  
 (State or country)

13. Occupation Nature of industry Woodman  
 19. Occupation Nature of industry House Wife

20. Number of children of this mother (Taken as of time of birth of child heretofore certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 Born alive at 3 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 N.M. Riggs (Physician or midwife)  
 Address Vernon

Given name added from supplemental report \_\_\_\_\_  
 Filed 8/11, 1928 N.M. Riggs  
 Month, day, year. Local Registrar.

N.M. Riggs Registrar. Filed 8, 19\_\_\_\_ County Registrar.

152-808-445

N. B.—In case of more than one child at a birth, a SEPARATE RETURN in order of birth stated.