

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

State File No. 112  
390  
Registered No. \_\_\_\_\_

PLACE OF BIRTH

County Yuma State \_\_\_\_\_  
District or Township Lower Miami or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Betty Lou Clark  
(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.

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 Sept 3, 1928  
Month Day Year

8. FATHER  
Full name James O Clark

14. MOTHER  
Full maiden name Ruby Harris

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

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

10. Color or race white  
11. Age at last birthday 23 (Years)

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

12. Birthplace (city or place) La Lona  
(State or country) New Mexico

18. Birthplace (city or state) Douglas  
(State or country) Ariz.

13. Occupation Truck Driver  
Nature of industry

19. Occupation H. W  
Nature of industry

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn 0  
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 12:30 p.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 returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Dorn  
M.D.  
(Physician or midwife)

Given name added from a supplemental report. \_\_\_\_\_ Address Miami  
Month, day, year Sept 12, 1928 Filed C. E. Dorn  
Registrar. \_\_\_\_\_ Registrar.

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

237-903-982