

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 127

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

PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Opal Jane Conway (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 \_\_\_\_\_ 5. No., in order of birth 2nd 6. Legitimate? Yes 7. Date of birth Sept 8 28  
 Month Day Year

8. FATHER  
 Full name Edward Conway

14. MOTHER  
 Full maiden name Jane Gauthran

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

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

10. Color or race W

11. Age at last birthday 40 (Years)

16. Color or race W

17. Age at last birthday 30 (Years)

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

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

13. Occupation  
 Nature of industry Corman

19. Occupation  
 Nature of industry Housewife

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 5 A. 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 Ch. R. Riser  
 (Physician or midwife).

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

Address Payson Ariz

Filed 9/8, 1928 Ch. R. Riser  
 Registrar

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

638-908-174