

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 212
Registered No. 160

1. PLACE OF BIRTH

County Graham State Arizona
District or Township Safford or Village _____
City Safford No. Parson Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Joy Parker { 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 _____ 6. Legitimate? yes 7. Date of birth 9 29 98
Month Day Year

8. FATHER
Full name Walter Wesley Parker

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

10. Color or race White 11. Age at last birthday 20 (Years)

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

13. Occupation Mechanic
Nature of industry

14. MOTHER
Full maiden name Valore Emily Partridge

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

16. Color or race White 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Safford
(State or country) Ariz.

19. Occupation Housewife
Nature of industry

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 _____
(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 11.30 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 return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature G. L. Langdon
(Physician or midwife)

Given name added from a supplemental report _____ Address Physician, Safford

Month, day, year _____ Filed Nov-8-1928 Registrar J. N. Stratton

Registrar. 779-929-535 H. B. J. Registrar.

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