

SUPPLEMENT ATTACHED

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

State File No. 155
Registered No. 472

1. PLACE OF BIRTH

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

2. Full name of child

Florine Bright

{ 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 Nov 11, 1928
Month Day Year

8. FATHER
Full name Joseph Alexander Bright
9. Residence (Usual place of abode) Claypool Ariz.
If non-resident, give place and state.

14. MOTHER
Full maiden name Effie Wells
15. Residence (Usual place of abode) Claypool Arizona
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 31 (Years)

16. Color or race white 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Morgdon North Carolina
(State or country)

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

13. Occupation Smelter man
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother 4
(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 1
(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 2:30 P.M. on the date above stated
(Born alive or stillborn)
Signature Charles E. Davis
M.D.
(Physician or midwife).

* 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.
Given name added from _____ Address Maine Ariz.
a supplemental report _____ Month, day, year _____
Filed Nov 21, 1928 Registrar C. E. Davis

623-1111-524