

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

State File No. 192 569
 Registered No. 569

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Franz Ave. St. _____ Ward _____

2. Full name of child Carl John Naff (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 Male 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 Dec 30 - 1928
 Month Day Year

8. FATHER
 Full name Carl John Naff

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

10. Color or race Cauc. 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Kansas City, Kansas
 (State or country)

13. Occupation Machinist
 Nature of industry mining

14. MOTHER
 Full maiden name Viola Zuleine Jackson

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

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

18. Birthplace (city or place) Fierro, New Mex.
 (State or country)

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 1 (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 0
 (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 2:20 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 Cyril M. Brown, M.D.
Physician
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Address Miami, Arizona

Filed Jan 10, 19 29 U.S. E. Dorn
 Registrar

356-1230-515