

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

State File No. 128
 Registered No. 19

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village P.O. Box 1461 Miami, Ariz
 City Miami No. 31 Oak St. Claypool, Ariz. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruth Louise Jennings { 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. Legitimate? yes 6. Date of birth Jan. 8 - 1929
Month Day Year

8. FATHER
 Full name Lawrence Alfred Jennings
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona

11. MOTHER
 Full maiden name Leila Pearl Wahlin
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona

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

16. Color or race Cauc. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Magnum, Okla.
(State or country)

18. Birthplace (city or place) Colonia Dublan, Mex.
(State or country)

13. Occupation Craneman Mechanic
 Nature of Industry Mining

19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (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 5:05 P. m. on the date above stated.
(Born alive or stillborn.)

Signature Eyril M. Brown M.D. (Physician or midwife)
Physician

Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year 9/2 - 10 - 385
 Registrar Jan 20 19 29 C. E. Doring Registrar

*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.
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
 THIS IS A PERMANENT RECORD