

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

State File No. 43  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

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

2. Full name of child Virginia Mae Puraley (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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth March 8 - 1929  
Month Day Year

8. FATHER  
Full name W. D. Puraley  
9. Residence (Usual place of abode)  
If non-resident, give place and state. Willcox, Ariz.  
10. Color or race White  
11. Age at last birthday 40 (Years)  
12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas  
13. Occupation  
Nature of industry Farmer

14. MOTHER  
Full maiden name Maud A. Puraley  
15. Residence (Usual place of abode)  
If non-resident, give place and state. Willcox, Ariz.  
16. Color or race White  
17. Age at last birthday 36 (Years)  
18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 9  
(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 Aline at 3 A. 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 B. E. Briscoe  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Willcox, Ariz.

Filed Apr 6 1929 B. E. Briscoe  
Registrar Registrar

578-308-478