

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

State File No. 141
Registered No. 280

PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami Inspiration Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Douglas Francis Jarvis (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth. <u>yes</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 13 1929</u> Month Day Year
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8. FATHER
Full name Francis Nelson Jarvis

14. MOTHER
Full maiden name Ruth Miriam Nelson

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

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

10. Color or race White

11. Age at last birthday 20 (Years)

16. Color or race White

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) East St Louis
(State or country) Missouri

18. Birthplace (city or place) Lake Linden
(State or country) Michigan

13. Occupation miner
Nature of industry Copper

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 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 alive at 9:45 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 [Signature]
(Physician or midwife)

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

Month, day, year _____ Filed June 20 19 29 Registrar [Signature]

412-1013-975

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each order of birth stated.