

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

State File No. 177  
Registered No. 122

**1. PLACE OF BIRTH**

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

2. Full name of child James Wade Jones  
(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 \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth June 29, 1929  
Month Day Year

8. FATHER  
Full name Wm. Singleton Jones

14. MOTHER  
Full maiden name Anna Rose Harrison

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

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

10. Color or race white

11. Age at last birthday 29 (Years)

16. Color or race white

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Hartford Ky.  
(State or country)

18. Birthplace (city or place) Davis Co. Ky.  
(State or country)

13. Occupation Clerk  
Nature of industry

19. Occupation Housewife  
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 4  
(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 Born alive at 7:30 P. 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 T. C. Harper  
Physician (Physician or midwife).

Given name added from \_\_\_\_\_ Address Globe, Arizona

Month, day, year \_\_\_\_\_ Filled 7/10 1929 H. G. Wightman  
Registrar Registrar

132-629-185

SEPARATE RETURN must be made for each, and the number of birth stated.