

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 17

Registered No. _____

AGE OF BIRTH

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

2. Full name of child Rob-Ray Mc Gregor Patterson (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. Yes Twin, triplet or other. 6. Legitimate? yes 7. Date of birth July 31, 1929
 Month July Day 31 Year 1929

8. FATHER
 Full name Joy R. Patterson
 9. Residence (Usual place of abode) St. Johns, Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Josephine Anderson
 15. Residence (Usual place of abode) St. Johns, Arizona
 If non-resident, give place and state.

10. Color or race Caucasian
 11. Age at last birthday 43 (Years)

16. Color or race Caucasian
 17. Age at last birthday 43 (Years)

12. Birthplace (city or place) St. Johns, Arizona
 (State or country)

18. Birthplace (city or place) St. Johns, Arizona
 (State or country)

13. Occupation Farmer & Garage Owner
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 11 (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 2
 (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 11-16 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 J. J. Bouldin
M.D.
 (Physician or midwife).

Given name added from a supplemental report _____ Address St. Johns Ariz

Month, day, year _____ Filed _____, 19____ Registrar _____