

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

State File No. 120
 Registered No. 315

AGE OF BIRTH

City Gila State Arizona
 District or Township Miami or Village _____
 No. H-Var Washburn Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give the NAME instead of street and number)

Full name of child Jack Paul Anderson (If child is not yet named, make supplemental report, as directed.)

Sex of Child male To be answered ONLY in event of plural births.
 4. Twin, triplet or other.
 5. No., in order of birth. 1
 6. Legitimate? Yes
 7. Date of birth 7-6-29
Month Day Year

8. FATHER
 Full name Alfred Oscar Anderson
 9. Residence Miami
(Usual place of abode)
 If non-resident, give place and state. Ariz.
 10. Color or race white
 11. Age at last birthday 31 (Years)
 12. Birthplace (city or place) Douglas
(State or country) Arizona
 13. Occupation Truck Driver
 Nature of Industry Auto Transfer

14. MOTHER
 Full maiden name Arvilla Davis
 15. Residence Miami
(Usual place of abode)
 If non-resident, give place and state. Ariz.
 16. Color or race white
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) Chihuahua
(State or country) Mexico
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother 5
(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 1
 (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 Miami on the date above stated.
(Born alive or stillborn.)

Signature [Signature]

(Physician or midwife)

Given name added from a supplemental report _____
 Address M. D. Hospital Miami
 Month, day, year _____

Filed July 15, 1929 [Signature]
 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.