

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

State File No. 133
Registered No. 389

SEX OF BIRTH

State _____
or Township _____ or Village _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child John Henry Fitzpatrick III { If child is not yet named, make supplemental report, as directed.

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

8. FATHER
Full name John H Fitzpatrick II
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Miami
10. Color or race W.
11. Age at last birthday 43 (Years)
12. Birthplace (city or place) Dallas
(State or country)
13. Occupation Car Dealer
Nature of Industry

14. MOTHER
Full maiden name Suzanne Sorning
15. Residence (Usual place of abode) Miami
If non-resident, give place and state.
16. Color or race W.
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Utah
(State or country)
19. Occupation H.W.
Nature of Industry

20. Number of children of this mother _____ } (a) Born alive and now living _____
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (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 Blue at 7:30 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 C. Perkins
(Physician or Midwife)

Given name added from a supplemental report _____
Month, day, year _____
Registrar

Address _____
Filed Aug 10, 19 29 R. E. Jones
Registrar