

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

State File No. 170
 Registered No. 133

PLACE OF BIRTH
 City Isola State Ariz.
 District or Township Isola 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 Bernice Bright (If child is not yet named, make supplemental report, as directed.)

Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes. 7. Date of birth 7-19-1929
 Month Day Year

FATHER
 1. Name Hoover Crowley Bright
 2. Residence (Usual place of abode) Isola Ariz.
 If non-resident, give place and state.
 3. Color or race white
 11. Age at last birthday 26 (Years)
 Birthplace (city or place) Indian Territory Okla.
 (State or country)
 Occupation laborer
 Nature of industry _____

MOTHER
 14. Full maiden name Ruth Rowlett
 15. Residence (Usual place of abode) Isola Ariz.
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Harrison Ark.
 (State or country)
 19. Occupation Housewife
 Nature of industry _____

Number of children of this mother _____ (a) Born alive and now living 1
 taken as of time of birth of child herein (b) Born alive but now dead 0
 identified and including this child. (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 3:00 P.M. on the date above stated.
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature T. S. Harper (Physician or midwife).
 Address Isola, Arizona
 Registrar W. E. Wightman
 Filed 8/7 1929 Month, day, year