

A SEPARATE REGISTRATION must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami, Arizona.

or Miami-Inspiration Hospital.

City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____

County Registrar No. 382

Local Registrar No. _____

178

2. Full name of child Joseph Verne Pace } 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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 8-12-1929
Month day year

5. FATHER
Full name John Verne Pace
9. Residence (Usual place of abode) Safford, Arizona.
If nonresident, give place and state _____

14. MOTHER
Full maiden name Janie Blair
15. Residence (Usual place of abode) Safford, Arizona.
If nonresident, give place and state _____

10. Color or race White
11. Age at last birthday 37 (Years)

16. Color or race White
17. Age at last birthday 33 (Years)

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

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

13. Occupation
Nature of Industry Lawyer

19. Occupation Housewife.
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.45 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 evidences of life after birth.
Signature Wm. B. Watts, Jr., M.D. (Physician or midwife)
Address Miami, Arizona.

Given name added from supplemental report _____
Month, day, year. _____
Registrar. _____
Filed _____ 19____
Filed Aug 20 29 _____ 19____
Local Registrar. _____
County Registrar. _____

175-812-129