

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

State File No. 203
Registered No. 156

1. PLACE OF BIRTH

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

2. Full name of child David Lloyd Jones (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. Twin, triplet or other _____ 4. Legitimate? yes 5. No., in order of birth _____ 6. Date of birth Aug. 19, 1929 Month Day Year

5. FATHER
Full name Lloyd D. Jones

14. MOTHER
Full maiden name Evelyn Ruth Jones

9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 22 (Years)

16. Color or race white 17. Age at last birthday 20 (Years)

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

18. Birthplace (city or place) Hobart, Oklahoma
(State or country)

13. Occupation Laborer
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother one (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none 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 9:30 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 T. C. Harper (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Registrar 9/4, 1929 W. E. Wightman Registrar

412-819-512

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.