

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 142a
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Jonathan Boni Rankin { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 9-10-30-29 1929
(Month, day, year)

9. Full name **FATHER**
Tom Rankin

18. Full maiden name **MOTHER**
Mary Talkalai

10. Residence (usual place of abode) (If nonresident, give place and State) Globe, Ariz.

19. Residence (usual place of abode) (If nonresident, give place and State) Globe

11. Color or race 4/4 12. Age at last birthday 39 (Years)
Apache Indian

20. Color or race 4/4 21. Age at last birthday 35 (Years)
Apache Indian

13. Birthplace (city or place) (State or country) San Carlos Ariz.

22. Birthplace (city or place) (State or country) San Carlos Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mucker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 10

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 5 (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ or weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was report alive at 5:00A 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.

(Signed) J. Foyt, M.D.
or _____, Midwife

Given name added from 195-910-439 (Date of)

Address Pres. Ariz
Filed 4/1, 1931 J. Foyt Registrar.

Registrar.