PLACE OF BIRTH

1. County of Pinal

District of

Town of Coolidge

or

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. 578

County Registrar No.

Local Registrar No.

2. Full name of child Bennie Corinne Boone } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female

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 Sept. 23 1929 (Month day year)

FATHER	MOTHER
8. Full name Orville Benton Boone	14. Full maiden name Maude Gaches
9. Residence (Usual place of abode) Coolidge. If nonresident, give place and state Arizona	15. Residence (Usual place of abode) Coolidge If nonresident, give place and state Arizona
10. Color or race white	16. Color or race White
11. Age at last birthday 24 (Years)	17. Age at last birthday 23 (Years)
12. Birthplace (city or place) Bessie (State or country) Oklahoma	18. Birthplace (city or place) Lindsay (State or country) Oklahoma
13. Occupation Nature of industry Farmer	19. Occupation Nature of industry Housewife

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 1
(b) Born alive but now dead 0
(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 (Born alive or stillborn.) at 7:30 a.m. on the date above stated.

*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 H B Zumberg M D (Physician or midwife)

Address Case Grande Ariz

Given name added from a supplemental report ..... Month, day, year. Filed Oct 5, 1929 Mary Plen Local Registrar.

..... Registrar. Filed ....., 19..... County Registrar.

225-923-472