

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

156 ✓
State File No. 505
Registered No. 505

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 663 - Miami - Ariz.
City Miami No. Claypool - Ariz. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Jo Pearson (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 Oct. 23 - 1929
Month Day Year

8. FATHER
Full name Joseph Presley Pearson
9. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state. Arizona

14. MOTHER
Full maiden name Lillian May Hopkins
15. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 28 (Years)

16. Color or race Cauc. 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Orangeburg, S.C.
(State or country)

18. Birthplace (city or place) Sumter, S.C.
(State or country)

13. Occupation
Nature of Industry Auto Mechanic

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(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 at 10:45 a.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 Lynell M. Brown M.D.
Physician
(Physician or midwife)

Given name added from supplemental report _____
Address Miami, Arizona

Month, day, year _____
Filed Nov 12 29 1929 L. E. Jones
Registrar Registrar

275-1023-382