

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

122  
State File No. \_\_\_\_\_  
Registered No. 574

**1. PLACE OF BIRTH**

County Pima State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jahnathan Farley Huffine (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov 5 1929</u> Month Day Year
5. No., in order of birth _____				

8. FATHER  
Full name Clarence Dulaney Huffine

14. MOTHER  
Full maiden name Thelma Farley

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

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If non-resident, give place and state.

10. Color or race white

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11. Age at last birthday 29 (Years)

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Tennessee

18. Birthplace (city or place) Urberville  
(State or country) Indiana

13. Occupation Civil Engineer  
Nature of industry Copper mine

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

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 <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
I hereby certify that I attended the birth of this child, who was alive at 9:15 P m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
(Physician or midwife)  
Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed Nov 15 1929 Registrar E. E. Jones

185-1105-366