

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

State File No. 1432
Registered No. 3771

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

Name of child Mary Alice Clements { If child is not yet named, make supplemental report, as directed.

Child To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 11-14-29
5. No., in order of birth _____ Month Day Year

FATHER
1. Name J. Clements
2. Residence (Usual place of abode) Claypool
If non-resident, give place and state. _____
3. Sex or race W.M.
11. Age at last birthday 32 (Years)
4. Birthplace (city or place) Tex
(State or country) Alabama
5. Occupation Cook
Nature of industry _____

MOTHER
14. Full maiden name Paula Lee Huggins
15. Residence (Usual place of abode) Claypool
If non-resident, give place and state. _____
16. Color or race W. Ann.
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Tex
(State or country) _____
19. Occupation H.W.
Nature of industry _____

20. Number of children of this mother 9
21. Were precautions taken against ophthalmia neonatorum? yes
22. Sex of child Female
23. Time of birth 12:30 p.m.
24. Place of birth Claypool
25. Name of attending physician or midwife Chas. J. Jenkins
26. Signature _____
27. Address _____
28. Date of birth June 12 30
29. Registrar C. E. Dorn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was alive at 12:30 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.
Given name added from a supplemental report 432-1114-982 Address _____
Month, day, year _____ Registrar _____
Filed June 12 30 Registrar _____