

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

State File No. _____
 Registered No. 97

182

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____

2. Full name of child Jo Ann Matern (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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 Dec 28 1929
 Month Day Year

8. FATHER Full name Andrew Matern

14. MOTHER Full name Mildred Haywood

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

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 If non-resident, give place and state.

10. Color of race White

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11. Age at last birthday 33 (Years)
 Birthplace (city or state) Shoal Mountain
 (State or country) Texas

17. Age at last birthday 24 (Years)
 Birthplace (city or state) Fairland
 (State or country) Texas

13. Occupation Finance Man
 Nature of Industry Copper Smelter

19. Occupation House Wife
 Nature of Industry _____

20. Number of children of this mother: (a) Born alive and now living _____ (b) Born alive but now dead 8 (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 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 or stillborn) at _____ on the date above stated.

Signature Charles F. Kuester M.D. (Physician or Midwife)

Given name added from a supplemental report _____ Address Hayden Ariz

Month, day, year _____ Filed Dec 31, 1929 W. D. D. D. Registrar.

145-1228-489