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

State File No. _____
Local Registrar's No. 320

1. PLACE OF BIRTH

County Yavapai State Arizona
District or Township Safford or Village Low Star
City _____ No. _____ St. _____ Ward _____
(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.)

2. Full name of child

Joan John

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin triplet or other X 6. Legitimate? Yes
5. No., in order of birth _____
7. Date of birth Dec 12 1929
Month Day Year

8 FATHER
Full name Jared C John
9. Residence (Usual place of abode) Low Star
If non-resident, give place and state.

14. MOTHER
Full maiden name Alice B. Merrill
16. Residence (Usual place of abode) Low Star
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 31 (Years)
12. Birthplace (city or place) Arizona
(State or country)

16. Color or race White
17. Age at last birthday 31 (Years)
18. Birthplace (city or place) Arizona
(State or country)

13. Occupation
Nature of industry Farmer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 4th
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn _____
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 alive at 3:06 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 _____
(Physician or _____)

Given name added from a supplemental report _____ Address Safford Arizona

Month, day, year _____
Filed Jan-8 1930 J.P. Stratton Registrar
H.B.G.

115-1212-143

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.