

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

BIRTH NO. 102- 227

CERTIFICATE OF BIRTH

REGISTRAR'S NO. 76

PLACE OF BIRTH OF CHILD AND RESIDENCE OF MOTHER	1. PLACE OF BIRTH A. COUNTY Gila		2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE Arizona B. COUNTY Gila					
	B. CITY (IF OUTSIDE CORPORATE LIMITS WRITE RURAL) OR TOWN Miami		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Miami					
	C. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR HOSPITAL OR INSTITUTION) Miami - Inspiration Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 409 Roosevelt St.					
THIS CHILD	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) Jane			B. (MIDDLE) Merie		C. (LAST) Melonzon		
	4. SEX Female	5A. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5B. IF TWIN OR TRIPLET (THIS CHILD) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6A. DATE OF BIRTH (MONTH) April (DAY) 13 (YEAR) 1951	6B. HOUR 1:15 P.M.			
FATHER OF CHILD	7. FULL NAME A. (FIRST) Clifton B. (MIDDLE) C. (LAST) Melonzon						8. COLOR OR RACE White	9. AGE (AT TIME OF THIS BIRTH) 34
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) Arizona	11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	12A. USUAL OCCUPATION Miner	12B. KIND OF BUSINESS OR INDUSTRY Jani Copper Co.				
MOTHER OF CHILD	13. FULL MAIDEN NAME A. (FIRST) Ethel B. (MIDDLE) Jean C. (LAST) Latique						14. COLOR OR RACE White	15. AGE (AT TIME OF THIS BIRTH) 28
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	17A. USUAL OCCUPATION Housewife	17B. KIND OF BUSINESS OR INDUSTRY Housework	18A. CHILDREN BORN TO THIS MOTHER (INCLUDING THIS CHILD) B. HOW MANY OTHER CHILDREN ARE NOW ALIVE? 2		C. HOW MANY OTHER CHILDREN WERE BORN BUT ARE NOW DEAD? 1	D. HOW MANY OTHER CHILDREN WERE STILL BORN 5 MONTHS DEAD AFTER 5 MONTHS PREG. NANCY? 0	
INFORMANT	19. INFORMANT'S NAME Mrs. Ethel Melonzon		RELATIONSHIP Mother					
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE DEAD ON THE HOUR AND DATE STATED ABOVE.		20A. ATTENDANT'S SIGNATURE <i>Ed Collopy MD</i>		20B. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (SPECIFY)			
			20C. ADDRESS <i>Box 623 Miami Aziz</i>		20D. DATE SIGNED <i>4/22/51.</i>			
REGISTRAR'S CERTIFICATION	21A. DATE REC'D BY LOCAL REG. <i>Apr 25 1951</i>		21B. REGISTRAR'S SIGNATURE <i>Edward Brayton</i>		22. DATE ON WHICH GIVEN NAME ADDED BY REGISTRAR			
	BLANK (After Filing)							
MEDICAL HEALTH SECTION ONLY (To Be Reduced on Typed Copies)	23A. LENGTH OF PREGNANCY 40 WKS.	23B. WEIGHT AT BIRTH -- LBS. -- OZS.	24A. STATE ANY COMPLICATIONS OF PREG. NANCY AND LABOR None		24B. STATE ANY OPERATION FOR DELIVERY None			
	24C. DESCRIBE ANY CONGENITAL MALFORMATIONS <i>Stillborn</i>	24D. DESCRIBE ANY BIRTH INJURY <i>none</i>		24E. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	24F. DID MOTHER HAVE A SERO. LOGICAL TEST FOR SYPHILIS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
				MOTHER'S NAME AND MAILING ADDRESS Mrs. Ethel Melonzon, Box 964, Miami, Arizona				