

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth stated.

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

State File No. 7114

Registered No. 18

1. PLACE OF BIRTH

County Yavapai State Arizona
 District or Township Verde or Village.....
 City Jerome, United Verde Hospital. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marilynn Joyce Coor 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 Jan. 28, 1929
 Month Day Year

8. FATHER
 Full name Laudric Edison Coor

14. MOTHER
 Full maiden name Catherine Madeline Hammond

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

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

10. Color or race White 11. Age at last birthday 29 (Years)

16. Color or race White 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Dublin, Texas
 (State or country)

18. Birthplace (city or state) Jasper, Tennessee
 (State or country)

13. Occupation Miner. Copper mine
 Nature of industry

19. Occupation Housewife.
 Nature of industry

20. Number of children of this mother 1 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0
(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 at 1 A. m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature C. C. Hedberg
Jerome, Arizona (physician or midwife).

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Registrar. _____ Filled Feb. 9, 1929 R. C. Hedberg Registrar.

439-128-384