

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 471a

Registered No. 109

Arizona _____

1. PLACE OF BIRTH

County Maricopa State Arizona

Township _____ or Village _____

City Mesa No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard Melvin Furr (If child is not yet named, make supplemental report, as directed)

3. Sex <u>Male</u>	If plural births _____	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Jan. 26, 1935</u> , 19____ (Month, day, year)
-----------------------	------------------------	--	--	---------------------------	--

9. Full name FATHER
Vernon Cornelius Furr

10. Residence (usual place of abode) Mesa
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 30 (Years)

13. Birthplace (city or place) Bloomington
(State or country) N. Carolina.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Radio repair

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Oneita Knight

19. Residence (usual place of abode) Mesa
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 20 (Years)

22. Birthplace (city or place) Montgomery,
(State or country) Ala.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:30 P. m. on the date above stated
(Born alive or stillborn)

(Signed) [Signature] M. D.

or _____ Midwife

Address Mesa, Ariz.

Filed 4-30-35, 1935 [Signature] Registrar.

Given name added from a supplemental report 969-26-623 (Date of)

Registrar.

in order of birth stated.

OCCUPATION

OCCUPATION