

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 287
Registered No. 200

1. PLACE OF BIRTH

County Maricopa State Arizona
Township _____ or Village _____
City Mesa No. _____ St. _____ Ward _____

2. Full name of child Vernita Furr (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 F M plural births 4. Twin, triplet, or other _____ 5. Premature Full term X 6. Legitimate? yes 7. Date of birth 8-24-33 1933
(Month, day, year)

9. Full name Yernon Cornelius Furr FATHER

18. Full maiden name Onita Knight MOTHER

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

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11. Color or race White 12. Age at last birthday 23 (Years)

20. Color or race White 21. Age at last birthday 19 (Years)

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

22. Birthplace (city or place) Almaabra, Ark. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. electrician

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

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

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

16. Date (month and year) last engaged in this work _____ 1933 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 1933 26. Total time (years) spent in this work _____

17. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 2

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:00 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.

(Signed) [Signature] M. D.
or _____ Midwife

Give name added from a supplemental report _____ (Date of) _____

Address _____
Filed 8/25/33 1933 [Signature] Registrar

567-624-623