

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

591

State File No. _____
 Registered No. 147

1. PLACE OF BIRTH
 County Yuma State Arizona
 District or Township Yuma or Village _____
 City Yuma No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Eugene Cloud
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	5. No. in order of birth.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 9, 1931</u> Month Day Year
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8. FATHER
 Full name John Miles Cloud

14. MOTHER
 Full maiden name Georgia Ella Walker

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

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

10. Color or race
white

11. Age at last birthday 23 (Years)

16. Color or race
white

17. Age at last birthday 20 (Years)

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

18. Birthplace (city or state) Lubbock, Texas.
 (State or country)

13. Occupation
 Nature of Industry railroad switchman.

19. Occupation
 Nature of Industry housewife.

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2
 (b) Born alive but now dead.....
 (c) Stillborn.....

21. Were precautions taken against opthalmia neonatorum?
yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:25 A.M. on the date above stated.

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 F. T. [Signature]
162-7th Ave. Yuma, Ariz.
(Physician or midwife)

Given name added from 434-609-769 Address _____
 a supplemental report. Month, day, year

Filed June 11, 1931 Registrar Mary A. Hupperman