

IS A PERMANENT RECORD
 ARIZONA RETURN must be made for each, and the number of each in
 order of birth stated.
 case of more than one child at a birth.

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

State File No. 135
 Registered No. 17

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____

2. Full name of child Theodore Cyril Anderson

3. Sex of Child Male **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** Feb 12 1927
 Month Day Year

8. FATHER
 Full name Theodore Cyril Anderson
9. Residence Hayden Arizona
 (Usual place of abode)
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Henrietta M. Colough
15. Residence Hayden Arizona
 (Usual place of abode)
 If non-resident, give place and state.

10. Color or race White **11. Age at last birthday** 25 (Years)

16. Color or race White **17. Age at last birthday** 22 (Years)

12. Birthplace (city or place) Rosalia Kansas
 (State or country)

18. Birthplace (city or place) Rossville Kansas
 (State or country)

13. Occupation School Teacher
 Nature of industry

19. Occupation House Wife
 Nature of industry

20. Number of children of this mother 1
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0 **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 or stillborn) at _____ m. on the date above stated.
 Signature Charles H. Hester, M.D.
Hayden Arizona
 (Physician or midwife)

* 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.
 Given name added from a supplemental report _____
 Address _____
 Month, day, year _____
 Registrar _____

Filed Feb 16 1927 15797
 Registrar

315-212-248