

Case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Hila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1571

County Registrar No. 74

Local Registrar No. _____

No. Claypool St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Lou Puston } 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 Feb. 16 - 1927
Month day year

8. FATHER
Full name Delbert Newell Puston

14. MOTHER
Full maiden name Verna May Garrett

9. Residence (Usual place of abode) Claypool, Arizona
If nonresident, give place and state

15. Residence (Usual place of abode) Claypool, Arizona
If nonresident, give place and state

10. Color or race Cauc.

16. Color or race Cauc.

11. Age at last birthday 19 (Years)

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Ft. Thomas, Arizona
(State or country)

18. Birthplace (city or place) Rosse, Texas
(State or country)

13. Occupation Sampler
Nature of industry Mining

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (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 _____
(c) Stillborn _____

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 at 1 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. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Signature Cyril M. Brown, M.D.
(Physician or midwife)

Address Miami, Arizona
Filed Mar 7, 1927
Local Registrar.

Registrar. _____ County Registrar. _____

295 - 216 - 573