PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa.
District of Phoenix, Arizona.
Town of
or
City of Phoenix, Arizona No. 1703 West Linden. St. Ward)
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 265
Co. Registrar No.
Local Registrar No. 258

2. Full name of child Carl Samuel Hutton. If child is not yet named, make supplemental report, as directed

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 1. 6. Legitimate? Yes. 7. Date of birth ~~Jan~~ Feb 6, 1927 (Month, day, year)

FATHER	MOTHER
8. Full name George F. Hutton.	14. Full maiden name Jessie Mae Nivison.
9. Residence (Usual place of abode) 1703 West Linden. If nonresident, give place and State	15. Residence (Usual place of abode) 1703 West Linden. If nonresident, give place and State
10. Color or race White. 11. Age at last birthday 36 (Years)	16. Color or race White. 17. Age at last birthday 18 (Years)
12. Birthplace (city or place) Ray, Kansas. (State or country)	18. Birthplace (city or place) Kremlin, Oklahoma. (State or country)
13. Occupation Telephone Installer. Nature of Industry (now working for box factory).	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 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 P. 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 evidence of life after birth.

Signature J. E. Drane (Physician or ~~midwife~~)

Address 304 Goodrich Building, Phoenix, Arizona.

Given name added from a supplemental report (Month, day, year)

Filed 3-10, 1927 [signature] Local Registrar.

Registrar.

Filed, 19 County Registrar.

385-296-155