

MAKE PL. LY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In 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 Maricopa  
 District of \_\_\_\_\_  
 Town of Perrin  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 253  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 26

2. Full name of child Elva May Evans  
(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 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 May 2 - 27  
Month day year

3. FATHER  
 Full name Oscar Evans  
 9. Residence (Usual place of abode) Perrin  
If nonresident, give place and state  
 10. Color or race W.  
 11. Age at last birthday 32 (Years)  
 12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Okla  
 13. Occupation Laborer  
Nature of industry

14. MOTHER  
 Full maiden name Pearl Lindel  
 15. Residence (Usual place of abode) Perrin  
If nonresident, give place and state  
 16. Color or race W.  
 17. Age at last birthday 23 (Years)  
 18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Ark  
 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 4  
 (b) Born alive but now dead 1  
 (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 alive at 12:40 PM 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.  
 Signature D. S. Duncan MD (Physician or midwife)  
 Address Perrin Arizona

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed May 13, 1927 \_\_\_\_\_  
 Local Registrar. A. E. Stange  
 Registrar. \_\_\_\_\_  
 Filed \_\_\_\_\_ 19 \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

552-502-733