

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of \_\_\_\_\_

Town of Hayden

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174

County Registrar No. \_\_\_\_\_

Local Registrar No. 142. Full name of child John Wilce Bube

(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

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other. \_\_\_\_\_

6. Legitimate? Yes

7. Date

of birth June 24 1927  
Month Day Year

8. FATHER

Full name Frank F Bube

9. Residence

(Usual place of abode)

If non-resident, give place and state Arizona10. Color or race White11. Age at last birthday 38 (Years)12. Birthplace (city or place) Durango(State or country) Utah13. Occupation Truck Driver

Nature of industry

14. MOTHER

Full maiden name Jane Alger

15. Residence

(Usual place of abode) HaydenIf non-resident, give place and state Arizona16. Color or race White17. Age at last birthday 25 (Years)18. Birthplace (city or place) Buff(State or country) New Mexico19. Occupation House Wife

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 5

(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 alive or stillborn)

at 6:15 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 Charles F. Hueston, M.D.

(Physician or midwife)

Address Hayden, Arizona

Given name added from a supplemental report.

Month, day, year

125-624-919

Registrar

Filed June 25, 1927

Filed \_\_\_\_\_, 19\_\_\_\_

Local Registrar.

County Registrar.