

N. S. - In case of more than one child at a birth, a SEPARATE REPORT must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 500
Registered No. 67

1. PLACE OF BIRTH
County Winkelman State Arizona
District or Township _____ or Village _____
City Winklow No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pat Hughes
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? Y
7. Date of birth July 23 1927
Month Day Year

8. FATHER
Full name Wm Patton Hughes

14. MOTHER
Full maiden name Lueta Martin

9. Residence (Usual place of abode) Winklow
If non-resident, give place and state. (Daylontown)

15. Residence (Usual place of abode) Winklow
If non-resident, give place and state. (Daylontown)

10. Color or race White
11. Age at last birthday 49 (Years)

16. Color or race White
17. Age at last birthday 44 (Years)

12. Birthplace (city or place) Kentucky
(State or country)

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

13. Occupation Ranchman
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 12
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 8
(b) Born alive but now dead 4
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:10 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 Wm Winklow
(Physician or Midwife)

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

Address Winklow, Arizona
Filed Aug. 1, 1927 Eva L. Bayliff
Registrar

722-723-645