Two Supplement Attached

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181
County Registrar No.
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Payson
or
City of ..... No. ..... St., ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frederick Warren Hancock (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 4th
6. Legitimate? Yes
7. Date of birth Aug. 22, 27 (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 8. Full name: Melvin Hancock | 14. Full maiden name: Ethel Stratton |
| 9. Residence (Usual place of abode) Payson, Ariz. If non-resident, give place and state. | 15 Residence (Usual place of abode) Payson Ariz. If non-resident, give place and state. |
| 10. Color or race: white; 11. Age at last birthday 33 (Years) | 16 Color or race: white; 17. Age at last birthday 32 (Years) |
| 12. Birthplace (city or place) Texas (State or country) | 18. Birthplace (city or place) Texas (State or country) |
| 13. Occupation Nature of industry: Mechanic | 19. Occupation Nature of industry: Housewife |

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 0

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 9:10 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 C H Risser M.D. (Physician or midwife).
Address Payson Ariz

Given name added from supplemental report ..... Filed ....., 19.... C H Risser
Month, day, year — Local Registrar.

..... Filed ....., 19.... .....
Registrar — County Registrar.

682-822-525