

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 3990  
 Registered No. 3990

**1. PLACE OF BIRTH**

County Yuma State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Glendale No. County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.

2. Full name of child Bonny Lee Hughey  
 3. Sex of Child Female To be answered ONLY in event of plural births.  
 4. Twin, triplet or other no  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth Sept 5, 1927  
 Month Day Year

**8. FATHER**  
 Full name Creston Tolts Hughey  
 9. Residence (Usual place of abode) Yuma Arizona  
 If non-resident, give place and state.  
 10. Color or race white  
 11. Age at last birthday 29 (Years)  
 12. Birthplace (city or place) Saidinia N.Y.  
 (State or country)  
 13. Occupation Standard Oil Co. Employee  
 Nature of industry

**14. MOTHER**  
 Full maiden name Verna Mildred Sikes  
 15. Residence (Usual place of abode) Yuma Arizona  
 If non-resident, give place and state.  
 16. Color or race white  
 17. Age at last birthday 30 (Years)  
 18. Birthplace (city or place) East Otto N.Y.  
 (State or country)  
 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 \_\_\_\_\_  
 21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. m. on the date above stated  
(Born alive or stillborn)  
 Signature Charles E. Drinn  
Yuma Arizona  
 (Physician or midwife)

\*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.  
 Given name added from a supplemental report \_\_\_\_\_  
 Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Registrar Sept 11 27 C. E. Drinn  
 Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar

288-905-522