

WRITE PLAINLY 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.

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

State File No. 100
Registered No. 478

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inap Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child David Morris Hollingshead (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 _____ 6. Legitimate? yes 7. Date of birth Nov-1-1927 Month Nov Day 1 Year 1927

8. FATHER
Full name Clem Franklin Hollingshead

14. MOTHER
Full maiden name Stella Maria Edwards

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

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

10. Color or race Cauc. 11. Age at last birthday 36 (Years)

16. Color or race Cauc. 17. Age at last birthday 36 (Years)

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

18. Birthplace (city or place) Beaver, Utah
(State or country)

13. Occupation Boiler maker
Nature of industry Mining

19. Occupation Housewife
Nature of industry

20. Number of children of this mother: (a) Born alive and now living 5
(b) Born alive but now dead 2
(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 10¹⁵ 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 Leyril M. Brown M.D.
Physician (Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year

Filed Nov 11 1927 H. E. Brown
Registrar Registrar

Registrar

Registrar

484-1101-252