

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. 150  
 Registered No. 12

**1. PLACE OF BIRTH**

County Sila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child Sister Raymond Manning { 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 Feb 1 1930  
 Month Day Year

**8. FATHER**  
 Full name Richard R. Manning  
 9. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state.

**14. MOTHER**  
 Full maiden name Georgia Ross Whitaker  
 15. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state.

10. Color of race White  
 11. Age at last birthday 26 (Years)

16. Color of race White  
 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) St. Louis  
 (State or country) Mo  
 13. Occupation Truck Driver  
 Nature of Industry

18. Birthplace (city or state) Winkelman  
 (State or country) Ariz  
 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 \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against Yes 3.00  
 Chlamydia neonatorum?

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn) at 3:00 A.M. on the date above stated.

Signature Charles R. Hurd  
 (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden Ariz  
 Month, day, year \_\_\_\_\_  
 Filed Feb 5 1930 W.D. Darr Registrar.

Registrar.

347-201-769