ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1340
Registered No. 82

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Globe No. Gila General Hosp. St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Lee Hall } 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 April 1-1930 (Month Day Year)

8. FATHER Full name Geo. Edw. Hall

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

10. Color or race White | 11. Age at last birthday 33 (Years)

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

13. Occupation Upholsterer
Nature of Industry Auto

14. MOTHER Full maiden name Pearl Jaennette Tunnell

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

16. Color or race White | 17. Age at last birthday 22 (Years)

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

19. Occupation H W
Nature of Industry

20. Number of children of this mother 1 (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 ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:40 P 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 Charles E. Linn M.D. (Physician or midwife.)

Address Miami Ariz

Given name added from a supplemental report..... Month, day, year

483-401-733 Registrar.

Filed 5/12. 1930 H. E. Wightman Registrar.