

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 179
Registered No. 369

1. PLACE OF BIRTH

County Yila State Arizona
District or Township _____ or Village Residence 90 Hill St.
City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Eugene 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. Legitimate? yes } 6. Date of birth May 17-1930
Month Day Year

8. FATHER
Full name Clem F. Hollingshead
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 39 (Years)

14. MOTHER
Full maiden name Estella Maria Edwards
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Minersville
(State or country) Utah
13. Occupation Boiler maker
Nature of Industry Mining

18. Birthplace (city or place) Beaver
(State or country) Utah
19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother 8 } (a) Born alive and now living 6 } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2 }
(c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 4-4 m. on the date above stated.
(Born alive or stillborn)

Signature Lyril M. Brown M.D.
(Physician or midwife.)

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

Month, day, year _____ Registrar [Signature]
Filed June 17, 1930 Registrar [Signature]

184-517-552

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of such in order of birth stated.