

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

State File No. 787
 Registered No. 147

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Midland City or Village _____
 City Globe No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Melvin Eugene Hughes (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 July 17, 1930
 Month Day Year

8. FATHER
 Full name John Thomas Hughes
 9. Residence (Usual place of abode) Midland City, Gila Co., Arizona
 If non-resident, give place and state _____
 10. Color or race White
 11. Age at last birthday 28 (Years)
 12. Birthplace (city or place) Alabama
 (State or country)
 13. Occupation Prop. auto garage.
 Nature of Industry _____

14. MOTHER
 Full maiden name Josephine Duggan
 15. Residence (Usual place of abode) Same
 If non-resident, give place and state Gila Co. Ariz.
 16. Color or race White
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Ensley, Alabama
 (State or country)
 19. Occupation House wife
 Nature of Industry _____

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (b) Born alive but now dead 0
 (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 5:43 a.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 H. E. Wightman, M.D.

 (Physician or midwife.)

Given name added from a supplemental report _____ Address Globe, Ariz.
 Month, day, year _____

Filed 8/9 1930 H. E. Wightman, M.D.
 Registrar

482-717-149

N. B.—In case of more than one child at a birth, a separate certificate should be returned for each child in the order of birth stated.