PLACE OF BIRTH

1. County of Gila

District of

Town of Pine

or

City of _____ No. _____ St. _____ Ward

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

ARIZONA STATE BOARD OF HEALTH 217

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____

County Registrar No. _____

Local Registrar No. 16

2. Full name of child John Huston Phillips — 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 26 1930 (Month day year)

8. FATHER — Full name: Geo. Phillips

9. Residence (Usual place of abode) — If nonresident, give place and state: Pine

10. Color or race: White

11. Age at last birthday: 0-1 (Years)

12. Birthplace (city or place) (State or country): San Tomas Tex.

13. Occupation — Nature of industry: Farming

14. MOTHER — Full maiden name: Annie Lee Anderson

15. Residence (Usual place of abode) — If nonresident, give place and state: Pine

16. Color or race: White

17. Age at last birthday: 4 (Years)

18. Birthplace (city or place) (State or country): Lake Valley New Mexico

19. Occupation — Nature of industry: Housewife

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 _____
(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 alive at 8:25 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 evidences of life after birth.

Signature: Dr B. Huff (Physician or midwife)

Address: Kant C Millerundwife

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

Filed July 31 1930 Frank C Randall Local Registrar.

Frank C Randall Registrar.

Filed _____ 19__ _____ County Registrar.

172-726-115

In order of birth stated.