

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.

PLACE OF BIRTH

1. County of Sela  
District of Young  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Emma Lorene Pullen (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed

3. Sex of Child Female 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 Aug 17, 1930  
Month Day Year

8. FATHER  
Full name Thomas Henry Pullen  
9. Residence (Usual place of abode) Young, Ariz.  
If nonresident, give place and state

14. MOTHER  
Full maiden name Lillie May Saunders  
15. Residence (Usual place of abode) Young, Ariz.  
If nonresident, give place and state

10. Color or race White  
11. Age at last birthday 47 (Years)

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

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas

18. Birthplace (city or place) Clifton  
(State or country) Arizona

13. Occupation Rancher  
Nature of industry

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 ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2:25 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 Mrs. Francis Hommel (Physician or midwife)  
Address Young Arizona

Given name added from \_\_\_\_\_  
1 supplemental report \_\_\_\_\_ Month, day, year. Filed Aug. 23, 1930 Olea Young Local Registrar.  
Registrar. \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

57-617-322