N. B.—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 Gila

District of Young

Town of

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

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BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. .....

County Registrar No. .....

Local Registrar No. .....

2. Full name of child Elmer Ernest Ross

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 Jan 17 1931 (Month Day Year)

FATHER

8. Full name Geo. W. Ross Jr.

9. Residence (Usual place of abode) Young

If nonresident, give place and state Ariz

10. Color or race White

11. Age at last birthday 52 (Years)

12. Birthplace (city or place) Mound City Mo.

(State or country)

13. Occupation

Nature of industry Farmer

MOTHER

14. Full maiden name Grace Owing

15. Residence (Usual place of abode) Young

If nonresident, give place and state Ariz

16. Color or race White

17. Age at last birthday 37 (Years)

18. Birthplace (city or place) .....

(State or country) Montana

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 8

(b) Born alive but now dead 1

(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum?

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 6:30 a.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 Mrs Grace H. Pinson (Physician or midwife)

Address Housewife

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

Registrar.

Filed Jan 21, 1931 Ola Young Local Registrar.

Filed ....., 19.... ..... County Registrar.

592-117-767