

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 165
Registered No. 27

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. POB Bot 1837 - Miami- St. _____ Ward _____
(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.

2. Full name of child Lawrence Edgerton Hunt

3. Sex of child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Jan. 17 - 1931
Month Day Year

8. FATHER

Full name Sylvan Edgerton Hunt
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Colonia Pacheco
(State or country) Chik. Mex.

13. Occupation
Nature of Industry Mining

14. MOTHER

Full maiden name Sabra Ann Jacobson
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Colonia Diaz
(State or country) Chik. Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) } (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 born alive at 8 A. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown, M.D.
(Physician or midwife.)

Address Miami, Arizona
Month, day, year _____

Filed Jan 25 1931 Registrar. _____

333-117-215

each in order of birth stated.