

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.

ARIZONA STATE BOARD OF HEALTH

State File No. 169
Registered No. 11

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____

2. Full name of child Elsie May Bush (If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Yes 7. Legitly Yes 8. Date of birth Jan 19, 1921
(Month, day, year)

9. Full name of FATHER Fred Bush

16. Full maiden name of MOTHER Lucie Josephine Finch

10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)

19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)

11. Color of hair White 12. Age at last birthday 25 (Years)

20. Color of eyes Blue 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) Quincy, Ill.
(State or country)

22. Birthplace (city or place) Dudleyville
(State or country) Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

16. Date (month and year) last engaged in this work _____, 19____

25. Date (month and year) last engaged in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9:50 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.

(Signed) Charles H. Hueston M. D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife
Address Hayden Ariz.

Filed Jan 21, 1921 W.D. Bush Registrar

528-119-168