

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 218  
 Registered No. 17

**1. PLACE OF BIRTH**

County Graham State                       
 District or Township Thatcher or Village                       
 City                      No.                      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**

Burnett

**3. Sex of Child**

Girl

To be answered ONLY  
 in event of plural  
 births.

**4. Twin, triplet or other**

5. No., in order of birth 4

**6. Legitimate?**

yes

**7. Date**

of birth 1/21/31  
 Month Day Year

**8. FATHER**

**Full name**

Benj Hartley Burnett

**9. Residence**

(Usual place of abode)

If non-resident, give place and state.

Thatcher

**10. Color or race**

white

11. Age at last birthday 30 (Years)

**12. Birthplace (city or place)**

(State or country)

Oklahoma  
Oklahoma

**13. Occupation**

Nature of Industry

laborer

**14. MOTHER**

**Full maiden name**

Dolores Moody

**15. Residence**

(Usual place of abode)

If non-resident, give place and state.

Thatcher

**16. Color or race**

white

17. Age at last birthday 26 (Years)

**18. Birthplace (city or state)**

(State or country)

Arizona

**19. Occupation**

Nature of Industry

Housewife

**20. Number of children of this mother**

4

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 3

(b) Born alive but now dead 1

(c) Stillborn 200

**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                      at 5:00 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

H. E. Platt  
Safford Ariz  
 (Physician or midwife)

Given name added from a supplemental report

Address

Month, day, year 02-3-1931  
 Registrar 4478

Filed

Feb-8-1931 J. M. Stanton  
 Registrar

order of birth stated.