ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 105a

Registered No. 148

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Globe - No. Gila County Hosp. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joey Hughes - (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 July 10 1931 (Month Day Year)

8. FATHER

Full name Lyle F. Hughes

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

10. Color or race White

11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Houston

(State or country) Texas

13. Occupation Unemployed.

Nature of industry

14. MOTHER

Full maiden name May F. Titsworth

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

16. Color or race White

17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Topeka

(State or country) Kansas

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 5

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

(a) Born alive and now living 5

(b) Born alive but now dead 0

(c) Stillborn 0

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 (Born alive or stillborn) at 10:45 a m. on the date above stated

Signature Herman C Bodemer

Physician (Physician or midwife).

Address Globe Arizona

Filed 9/8, 1931 L. E. Wightman Mrs. Registrar

* 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.

Given name added from a supplemental report 182-710-438 (Month, day, year)

Registrar

B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number order of birth stated.