ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140

Registered No. 59

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Hayden No. 14 First Street St. ..... Ward

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

2. Full name of child Marie Nash Duncan } If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Famale | 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 26, 1931 (Month Day Year)

8. FATHER

Full name Bruce R. Duncan

9. Residence (Usual place of abode) Llano, Texas Hayden, Arizona

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Llano, (State or country) Texas.

13. Occupation Assistant Engineer

Nature of Industry Steam Power Plant

14. MOTHER

Full maiden name Helen Birdsall Nash

15. Residence (Usual place of abode) Hayden, Arizona

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Phoenix (State or country) Arizona

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 1.15 P.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 Charles B. Huestis M.D.

Charles B. Huestis, M. D.

(Physician ~~XXXXXX~~e.)

Given name added from a supplement report 445-726-858 (Month, day, year)

Address Hayden, Arizona.

Registrar.

Filed July 29, 1931

W. B. Nash

Registrar

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.