

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1128

Registered No. 76

1. PLACE OF BIRTH

County Sila State Arizona

District or Township _____ or Village _____

City Boynton 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 Virgil E. Strait

3. Sex of Child Male To be answered (M.F.)
In event of plural births. } 4. Twin, triplet or other..... } 6. Legitimate? Yes 7. Date of birth Feb 10 1931
Month Day Year

8. FATHER
Full name Hendell C. Strait

14. MOTHER
Full maiden name Thelma Haynes

9. Residence
(Usual place of abode) Bankluman
If non-resident, give place and state. ARIZ

16. Residence
(Usual place of abode) Bankluman
If non-resident, give place and state. ARIZ

10. Color or race White
11. Age at last birthday 25 (Years)

15. Color or race White
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Roosevelt
(State or country) Ariz

18. Birthplace (city or place) High rolls
(State or country) W. Va.

13. Occupation Rancher
Nature of Industry _____

19. Occupation House help
Nature of Industry _____

20. Number of children of this mother..... } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 at 11:20 A.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 H. Hunt
(Physician or Midwife)

Given name added from _____ Address Boynton Ariz
a supplemental report _____ month, day, year
523-910-382 Registrar. Filed 9-12-31 W. D. D. D. Registrar.

MADE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.