9

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Local Registrar's No. 75

1. PLACE OF BIRTH

County Apache State Arizona

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

City Springerville No. ..... St. ..... Ward

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

2. Full name of child Douglas Dale Hamblin { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M | 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 Nov. 28, 1931 (Month Day Year)

8. FATHER

Full name Lee Hamblin

9. Residence (Usual place of abode) Springerville

If non-resident, give place and state. Arizona

10. Color or race W

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Nutrioso

(State or country) Arizona

13. Occupation Laborer

Nature of industry

14. MOTHER

Full maiden name Elsie Burk

15. Residence (Usual place of abode) Springerville

If non-resident, give place and state. Arizona

16. Color or race W

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Springerville

(State or country) Arizona

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 2

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

(a) Born alive and now living 2

(b) Born alive but now dead .....

(c) Stillborn .....

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 12 40 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 Kenneth A Herbst M.D.

Physician (Physician or midwife).

Given name added from a supplemental report 485-1128-522 Month, day, year

Address Springerville, Arizona.

Filed Dec 7th, 1931 Mrs H. H. Foster Registrar

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.