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.

PLACE OF BIRTH

1. County of Gila
District of Young
Town of
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107
County Registrar No. .....
Local Registrar No. .....

2. Full name of child Elmer Turner — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Male
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 Jan 20, 1932 (Month Day Year)

FATHER

8. Full name Wm. L. Turner
9. Residence (Usual place of abode) Young Ariz
If nonresident, give place and state
10. Color or race White
11. Age at last birthday 44 (Years)
12. Birthplace (city or place) .....
(State or country) Texas
13. Occupation
Nature of industry Farmer

MOTHER

14. Full maiden name Eva Brewer
15. Residence (Usual place of abode) Young Ariz
If nonresident, give place and state
16. Color or race White
17. Age at last birthday 37 (Years)
18. Birthplace (city or place) Ft Thomas
(State or country) Ariz
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 10
(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 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 Mrs W G Zellner Housewife (Physician or midwife)
Address Young Ariz

Given name added from a supplemental report 539-120-529 Month, day, year.
Registrar.

Filed Jan 25, 1932 Ola Young Local Registrar.
Filed ..... 19..... County Registrar.