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.

ARIZONA STATE BOARD OF HEALTH

122

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

PLACE OF BIRTH

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

2. Full name of child J. M. Plumb } 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 Mar 13 1932 (Month day year)

FATHER

8. Full name Freeman M Plumb

9. Residence (Usual place of abode) Young Ariz
If nonresident, give place and state .....

10. Color or race White

11. Age at last birthday 48 (Years)

12. Birthplace (city or place) St Johns Ariz
(State or country) .....

13. Occupation Farmer
Nature of industry .....

MOTHER

14. Full maiden name Unica Victoria Mackey

15. Residence (Usual place of abode) Young Ariz
If nonresident, give place and state .....

16. Color or race White

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Moab Utah
(State or country) .....

19. Occupation Housewife
Nature of industry .....

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 2
(b) Born alive but now dead 1 Died at birth
(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Died at birth (Born alive or stillborn.) at 4:10 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 evidences of life after birth.

Signature Mrs. W. G. Bellner, Housewife (Physician or midwife)

Address Young Ariz

Given name added from a supplemental report ..... Month, day, year.

Filed Mar 17 1932 J. Ola Young Local Registrar.

Filed ..... 19.... County Registrar.

Registrar.

172-313-448