ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 129

Registered No.

1. PLACE OF BIRTH

County: Gila State: Ariz.

District or Township: or Village: Z

City: No. St. Ward

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

2. Full name of child: Theresa Dithyon

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other:

5. No., in order of birth: 4

6. Legitimate? Yes

7. Date of birth: 3-17-32 (Month Day Year)

8. FATHER

Full name: Tom Dithyon

9. Residence (Usual place of abode): Payson Ariz.

If non-resident, give place and state:

10. Color or race: Indian

11. Age at last birthday: 63 (Years)

12. Birthplace (city or place): Arizona

(State or country)

13. Occupation: Laborer

Nature of Industry:

14. MOTHER

Full maiden name: Mary Dithyon

15. Residence (Usual place of abode): Payson Ariz.

If non-resident, give place and state:

16. Color or race: Indian

17. Age at last birthday: 30 (Years)

18. Birthplace (city or place): Arizona

(State or country)

19. Occupation: Housework

Nature of Industry:

20. Number of children of this mother: 4

(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: 3

(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 5 P. m. on the date above stated (Born alive or stillborn.)

* 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: C. H. Risser M.D.

(Physician or midwife)

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

Address: Payson Ariz.

Filed 4/1/32, 19

C. H. Risser

Registrar

Registrar

345-317-4445

WRITE 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.