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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 153

Registered No. 82

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township Claypool or Village

City MIAMI No. 3 Broad St. Ward

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

2. Full name of child Hughie Lloyd Hutchison { 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 March 30 1932 (Month Day Year)

8. FATHER

Full name Thomas Lloyd Hutchison

9. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Blackfoot

(State or country) Idaho

13. Occupation Miner

Nature of Industry Copper

14. MOTHER

Full maiden name Aurel Bell Smith

15. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Silver City

(State or country) New Mexico

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 0

(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 alive at 5:26 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 F. F. Miller

S. F. MILLER, M. D.

(Physician or midwife).

Address MIAMI, ARIZONA

Given name added from a supplemental report

Month, day, year

Registrar

Filed April 4, 1932 C. E. Ormin

Registrar

885-330-128