

MARGIN RESERVED FOR BINDING

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH 385

1. County of Navajo
District of _____
Town of Taylor
or _____
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

2. Full name of child Opal Hatch
(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 no 5. Legitimate? yes 6. Date of birth Aug 9 1932
Month Day Year

8. FATHER
Full name Willard Rudger Hatch
9. Residence (Usual place of abode) Taylor Arizona
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Taylor Arizona
(State or country)
13. Occupation
Nature of industry Trucking

14. MOTHER
Full maiden name Gertie May Colbath
15. Residence (Usual place of abode) Taylor Navajo Co Arizona
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Taylor Arizona
(State or country)
19. Occupation
Nature of industry House wife

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 6 (b) Born alive but now dead None (c) Stillborn None 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 11:30 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 Harriet Allen (Physician or midwife)
Address Taylor Navajo Co Arizona

Given name added from a supplemental report _____
Month, day, year _____
Filed Aug 20 1932 E. M. Kartchner Local Registrar.
Registrar _____ County Registrar _____

668-609-7356