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 order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

109

State File No. 109
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village Payson

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 Terrell

{ 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 1 | 6. Legitimate? Yes | 7. Date of birth 9-21-32 (Month Day Year)

8. FATHER
Full name Lee Terrell

9. Residence (Usual place of abode) Payson Ariz
If non-resident, give place and state

10. Color or race White | 11. Age at last birthday 16 (Years)

12. Birthplace (city or place) Ark
(State or country)

13. Occupation
Nature of industry Laborer

14. MOTHER
Full maiden name Genera Ashworth

15. Residence (Usual place of abode) Payson Ariz
If non-resident, give place and state

16. Color or race White | 17. Age at last birthday 15 (Years)

18. Birthplace (city or place) Ariz
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 0
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 0
(b) Born alive but now dead 0
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn 6 Mos. at 2:30 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 C A Risser
Physician
(Physician or midwife).

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

Address Payson, Ariz

Registrar

Filed 9/21/32, 19 C A Risser
Registrar

033-921-718