

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **81**
Registered No. **7**

1. PLACE OF BIRTH

County Mila State Arizona
Township _____ or Village _____
City Miami No. Leaf Oak St. _____ Ward _____

2. Full name of child Gerald Claw Hunt
(If birth occurred in a hospital or institution, give its NAME instead of street and number) { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births _____ | 4. Twin, triplet, or other _____ | 5. Premature _____ | 7. Legitimate? yes | 6. Date of birth Jan 16, 1933
(Month, day, year)

9. Full name of FATHER Sylvan C. Hunt

18. Full maiden name of MOTHER Sabra Anne Jacobson

10. Residence (usual place of abode) Miami - Ariz.
(If nonresident, give place and State)

19. Residence (usual place of abode) Miami Ariz.
(If nonresident, give place and State)

11. Color or race Cauc. | 12. Age at last birthday 26 (Years)

20. Color or race Cauc. | 21. Age at last birthday 26 (Years)

13. Birthplace (city or place) Chihuahua Mex.
(State or country)

22. Birthplace (city or place) Chihuahua Mex.
(State or country)

14. Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc. Time keeper

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Imp. L. Cop. Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work _____ | 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ | 26. Total time (years) spent in this work _____

27. Number of children of this mother 3
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months } or _____ { weeks } | 29. Cause of stillbirth _____
{ Before labor } or { During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:45 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.

(Signed) Cyril M. Crow M.D. M. D.

Address Miami, Arizona Midwife _____

Filed Jan 25, 1933 C. G. Parson Registrar

733-116-219 (Date of Registrar)

1. Birth date of child
 2. Birth date of mother
 3. Birth date of father
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