ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 87
County Registrar No.
Local Registrar No. 39

PLACE OF BIRTH
1. County of Gila
District of
Town of Pine
or
City of ____ No. ____ St. ____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Willis Lou Hunsaker (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
6. Legitimate? yes
7. Date of birth: Month 10 Day 10 Year 33

FATHER	MOTHER
8. Full name Clyde Elwood Hunsaker	14. Full maiden name Ruth Hazel Randall
9. Residence (Usual place of abode) If non-resident, give place and state. Pine	15. Residence (Usual place of abode) If non-resident, give place and state. Pine
10. Color or race White	16. Color or race White
11. Age at last birthday 29 (Years)	17. Age at last birthday 29 (Years)
12. Birthplace (city or place) Mesa (State or country) Arizona	18. Birthplace (city or place) Pine (State or country)
13. Occupation Nature of Industry Farm	19. Occupation Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 6
(a) Born alive and now living 5
(b) Born alive but now dead 1
(c) Stillborn

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 or stillborn) 10-10-33 at 2:10 p.m. on the date above stated

* 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 Katie G. Miller (Physician or midwife).
Address Pine Arizona

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

Filed Oct 15 1933 Frank E Randall Local Registrar.

Frank E Randall Registrar

Filed ____ 19____ County Registrar

682-1010-993

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number, order of birth stated.