ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

State File No. 88

Registered No.

Arizona

County Gila State Ariz

Township or Village

City Kinkelman St. Ward

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

2. Full name of child Uma Jo Acton (If child is not yet named, make supplemental report, as directed)

3. Sex Male (If plural births) 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Full term 7. Legitimate? Yes 8. Date of birth Oct 13, 1933 (Month, day, year)

FATHER

9. Full name Ray Acton

10. Residence (usual place of abode) (If non-resident, give place and State) Mammouth

11. Color or race White 12. Age at last birthday 33 (Years)

13. Birthplace (city or place) Mammouth (State or country) Ariz.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

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

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Hortense Darley

19. Residence (usual place of abode) (If non-resident, give place and State) Mammouth

20. Color or race White 21. Age at last birthday 28 (Years)

22. Birthplace (city or place) Orach (State or country) Ariz

OCCUPATION

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

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

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead (c) Stillborn

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 5:00 A m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Charles B Hunstead, M. D.

or Midwife

Address Hayden Ariz

Filed Oct 31, 1933 O S Hutton Registrar.

Given name added from a supplemental report (Date of)

515-103-848 Registrar.

EM 1-17-32 MS-4704