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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 99

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township _____ or Village _____

City: Globe No. _____ St. _____ Ward

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

2. Full name of child: Jacqueline Huggins (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 _____

6. Legitimate? yes

7. Date of birth: Nov. 19, 1933 (Month Day Year)

8. FATHER — Full name: John Ruel Huggins

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz

10. Color or race: White

11. Age at last birthday: 28 (Years)

12. Birthplace (city or place): Marysville

(State or country): Idaho

13. Occupation: Salesman

Nature of industry _____

14. MOTHER — Full maiden name: Alta Amelia Bills

15. Residence (Usual place of abode): Globe, Ariz.

If non-resident, give place and state: Ariz

16. Color or race: White

17. Age at last birthday: 27 (Years)

18. Birthplace (city or place): Riverton

(State or country): Utah

19. Occupation: Housewife

Nature of industry _____

20. Number of children of this mother: 3 (Taken as of time of birth of child herein certified and including this child)

(a) Born alive and now living: 3

(b) Born alive but now dead: 0

(c) Stillborn: 0

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 (Born alive or stillborn) at 12:25 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: T. J. Harris, Physician (Physician or midwife)

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

Address: Globe Ariz

Registrar _____

Filed DEC 7 1933 19 _____ Registrar

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