SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 145
Registered No. 288

1. PLACE OF BIRTH

County Graham State Arizona
Township Safford or Village
City Thatcher No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Boy | If plural births: 4. Twin, triplet or other 5. Number, in order of birth 3 | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth 11-11-, 1933 (Month, day, year)

FATHER

9. Full name Clark Porter Hunt

10. Residence (usual place of abode) (If nonresident, give place and State) Thatcher

11. Color or race White 12. Age at last birthday 29 (Years)

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

OCCUPATION

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

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 Blanch Woolsey

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

20. Color or race White 21. Age at last birthday 27 (Years)

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

OCCUPATION

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

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

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 3 (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 1 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) W. E. Platt M. D.
or Midwife
Address Safford Ariz
Filed Dec 9, 1933 J. W. Stratton Registrar.

Given name added from a supplemental report (Date of)

Registrar.

183-1111-208

MARGIN RESERVED FOR BINDING
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 in order of birth stated.