

Items 349, Cor. by Cert. of Citizenship and
Aff. of Reg. (3-15-68 Iowa)

CERTIFICATE AMENDED
SEE NOTATION **418**

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 38
Arizona _____

1. PLACE OF BIRTH

County MOHAVE State ARIZONA
Township _____ or Village KINGMAN
City MOHAVE GENERAL HOSPITAL St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child XXXXXXXXXXXXXXXXX Elissa Vergie Hanhilla (If child is not yet named, make supplemental report, as directed)

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>June 29, 1935</u>
		5. Number, in order of birth _____	Full term _____		19 _____

9. Full name Matt O. Hanhilla FATHER OSCAR HANHILA
18. Full maiden name Merna Ellis MOTHER

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

11. Color or race White 12. Age at last birthday 35 (Years)
20. Color or race White 21. Age at last birthday 32 (Years)

13. Birthplace (city or place) Finland
(State or country)
22. Birthplace (city or place) Arizona
(State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Public School</u>		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 _____, 19 _____		25. Date (month and year) last engaged in this work _____, 19 _____
	17. Total time (years) spent in this work _____		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 1 (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 8:20 A.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) T.R. White M. D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife

555-629-452 Registrar.

Address Kingman, Arizona
Filed June 30, 1935 Walter Page Registrar.

WHILE FAINTLY 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.