

ARIZONA STATE BOARD OF HEALTH

399

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
County Registrar No. _____
Local Registrar No. 3

PLACE OF BIRTH
1. County of Maricopa
District of _____
Town of Clay Springs
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 Birdie Lou Plum { If child is not yet named, make supplemental report, as directed.

3. Sex of Child girl To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth Nov 9 1925
Month Day Year

8. FATHER
Full name Pressman Plum
9. Residence (Usual place of abode) Clay Springs Ariz
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 53 (Years)

14. MOTHER
Full maiden name Anna Victoria Mackey
15. Residence (Usual place of abode) Clay Springs
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) St. Johns Ariz.
(State or country)
13. Occupation farmer
Nature of industry

18. Birthplace (city or place) Moab Utah
(State or country)
19. Occupation house wife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. 1 (b) Born alive but now dead. 1 (c) Stillborn. _____ 21. Were precautions taken against ophthalmia neonatorum? 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. M. Roywood (Physician or midwife.)
Address _____

Given name added from a supplemental report Nov. 9 Filed Nov. 19, 1925 Mrs. J. Edw. Brown
Month, day, year Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar _____

272-1109-448

N. E. - 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.