

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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 95-22
 Registered No. _____

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township Winkelmann or Village _____
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Ruth Giffin (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. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth April, 12, 1915
Month Day Year

8. FATHER
 Full name Lindsay Smith Giffin
 9. Residence (Usual place of abode) Winkelmann
If non-resident, give place and state.

14. MOTHER
 Full maiden name Jennie McVane Giffin
 15. Residence (Usual place of abode) Winkelmann
If non-resident, give place and state.

10. Color of race White 11. Age at last birthday 39 (Years)

16. Color of race White 17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Louis Head
(State or country) Nova Scotia

18. Birthplace (city or place) Louis Head
(State or country) Nova Scotia

13. Occupation Merchant
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 (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 _____ (c) Stillborn _____ 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 alive at 11 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 Wm. Maggie Giffin
(Physician or midwife).

Given name added from supplemental report 575-412-145 Address _____
Month, day, year

Filed July 15, 1930 P. E. H. Hous
Registrar

Registrar