

4417

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Hayden
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1226
County Registrar No. _____
Local Registrar No. 13

2. Full name of child Richard Chas Estes
No. Hayden Hospital (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male
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 20 - 1916
Month day year

8. FATHER
Full name Chas B. Estes

14. MOTHER
Full maiden name Jelma Chingman Wisp

9. Residence (Usual place of abode) Hayden Arizona
If nonresident, give place and state

15. Residence (Usual place of abode) Hayden Arizona
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 30 (Years)

16. Color or race _____ 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Great Bend Kansas
(State or country) Kansas

18. Birthplace (city or place) Guerrison Colorado
(State or country) Colorado

13. Occupation Stationary Engineer
Nature of industry Steam power plant

19. Occupation House Wife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 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 at 8:00 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 evidences of life after birth.
Signature Jelma Estes - Mother
(Physician or midwife)

Address Hayden Arizona
Given name added from a supplemental report _____
Month, day, year. _____
Filed May 24 1926 _____
Local Registrar.

952-420-967 Registrar. Filed _____ 19____ County Registrar.