

1344

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS **406** State Index No. **231**
ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. **163**

PLACE OF BIRTH
County of Navajo
District of _____
Town of Holbrook
or _____
City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Ernest Wallace Hughes } Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive NO

Sex of Child <u>boy</u>	Twin, Triplet or other <u>Twin</u>	and	Number in order of birth <u>24</u>	Legitimate? <u>yes</u>	Date of Birth <u>Aug 20</u> 191 <u>7</u> (Month) (Day) (Yr.)
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FATHER	MOTHER
Full Name <u>William Patent Hughes</u>	Full Maiden Name <u>Ernesta Susan Martin</u>
Residence <u>Holbrook</u>	Residence <u>Holbrook</u>
Color or Race <u>American</u> Age at last Birthday <u>40</u> (Years)	Color or Race <u>American</u> Age at last Birthday <u>34</u> (Years)
Birthplace <u>Kentucky</u>	Birthplace <u>Texas</u>
Occupation <u>stock raiser</u>	Occupation <u>At Home</u>

Number of child of this mother 8 Number of children, of this mother, now living 7 Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of above child; and that it occurred on Aug 20 1917, at 10:30 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Given or christian name added from a Supplemental report _____ 191_____

(Signature) J.W. Bazell
(Attending physician/midwife, householder.)*
Address Holbrook

Filed _____ 191_____

A True Copy J.W. Bazell
LOCAL REGISTRAR
COUNTY REGISTRAR.

J.W. Bazell
COUNTY REGISTRAR.

582-820-645