4688

...NDING
...permanent Record

...3.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and ...e number of each, in order of birth, stated. This certificate must be filed by the attending Physician ... midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121

Co. Register No. 566

Local Registrar's No. _____

PLACE OF BIRTH

...unty of Gila

...strict of _____

...own of Miami

or

...ty of _____

(No. _____ St; _____ Ward)

...ULL NAME OF CHILD Gordon Leroy Hoopes { Born / Alive } YES ~~NO~~

...child is not named, make Supplemental Report on blank obtainable from local registrar.

...ex of ...hild Male | ~~Twin~~, ~~Triplet~~ or other { and } Number in order of birth 1 | Legitimate? yes | Date of Birth May 5 1919 (Month) (Day) (Yr.)

FATHER		MOTHER	
...ull ...ame	Roy V. Hoopes	Full Maiden Name	Maude Sowell
...esidence	Miami - Arizona	Residence	Miami - Arizona
...olor ...r Race	White	Color or Race	White
Age at last Birthday	24 (Years)	Age at last Birthday	21 (Years)
...irthplace	Thatcher, Arizona	Birthplace	Ozona - Texas
...ccupation	Teaming	Occupation	Housewife

...umber of child of this mother 1 | Number of Children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 5, 1919, at 2 A.M.

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

(Signature) Cyril M. Cron M.D.
(Attending physician, ~~midwife~~, householder.*)

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed Nov 30 1919

W. D. Brayton
LOCAL REGISTRAR.

A True Copy B. G. Fox

782-505-723

Filed 11/30 1919