

2346

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 703
Co. Registrar No. 269
Local Registrar No. 10

or
City of Hayden, Ariz. No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Flora Annabel Yoder | If child is not yet named, make supplemental report, as directed

3. Sex of child ♀ 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 June 8/22 (Month, day, year)

8. Full name of FATHER Stanley Ross Yoder

14. Full maiden name of MOTHER Florence May Goodwin

9. Residence (Usual place of abode) Hayden, Ariz.
If nonresident, give place and State

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If nonresident, give place and State

10. Color of race W. 11. Age at last birthday 22 (Years)

16. Color of race W. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) St. Louis, Mo.
(State or country)

18. Birthplace (city or place) Wyoming
(State or country)

13. Occupation Druggist
Nature of industry

19. Occupation H. M.
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1 P.m. on the date above stated.
(Born alive)

*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 Arthur R. Winslow
Physician or midwife

Address Hayden, Ariz.

Given name added from a supplemental report _____
(Month, day, year)
689-608-675
Registrar.

Filed June 10th, 1922 2597 _____
Local Registrar.
Filed 7-5, 1922 18 St. Gray
County Registrar.

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.