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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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_  
No. Hayden Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149  
Co. Registrar No. 367  
Local Registrar No. 118

2. Full name of child Hope Thompson  
3. Sex of child F.  
4. Twln, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legiti-mate? Yes  
7. Date of birth Aug 14 / 22 (Month, day, year)

8. Full name of FATHER Lovett Glenn Thompson  
9. Residence Dudleyville, Ariz  
(Usual place of abode)  
If nonresident, give place and State Pinalco.  
10. Color or race W.  
11. Age at last birthday 37 (Years)  
12. Birthplace (city or place) Ala.  
(State or country)  
13. Occupation Rancher & Millman  
Nature of industry

14. Full name of MOTHER Carrie Estel Burnett  
15. Residence Dudleyville, Ariz.  
(Usual place of abode)  
If nonresident, give place and State  
16. Color or race W.  
17. Age at last birthday 30 (Years)  
18. Birthplace (city or place) Texas  
(State or country)  
19. Occupation H.W.  
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 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 5:30 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 W. P. Marshall  
(Physician or midwife)

Address Hayden, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
(Month, day, year)  
8-35-814-323  
Registrar.

Filed Aug 14, 1922 W. P. Marshall  
Local Registrar.  
Filed 9-7, 1922 W. P. Marshall  
County Registrar.