

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 <u>DeLa</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>152</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>67</u>
Town of _____		Local Registrar No. _____	
or _____			
City of _____		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Elmer Theodore Hardisty</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.
6. Legitimate? <u>Y</u>	7. Date of birth <u>Jan 25-29</u> (Month, day, year)		
8. FATHER Full name <u>San Elmer Hardisty</u>		14. MOTHER Full maiden name <u>Susie Carr</u>	
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and State	
10. Color or race <u>White</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Mo.</u> (State or country)		18. Birthplace (city or place) <u>Texas</u> (State or country)	
13. Occupation <u>Chapman</u> Nature of Industry		19. Occupation <u>Housewife</u> 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 <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>5:00</u> (p.m.) on the date above stated.			
*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 <u>Charles E. Don</u> (Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Miami</u>	
<u>588-125-239</u> Registrar.		Filed <u>Jan 31</u> , 19 <u>28</u> <u>Charles E. Don</u> Local Registrar.	
		Filed <u>2/8</u> , 19 <u>28</u> <u>B. J. Day</u> County Registrar.	