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WRITE PLAINLY WITH UNFADING INK. RECORD MADE FOR EACH, AND THE ORIGINAL FILED IN ORDER OF BIRTH DATES. N. B.—In case of more than one child at a birth, a SEPARATE RECORD SHOULD BE MADE FOR EACH, AND THE ORIGINAL FILED IN ORDER OF BIRTH DATES.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**

1. County of Sila District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_

State Index No. 131  
County Registrar No. 306  
Local Registrar No. \_\_\_\_\_

2. Full name of child Golden Phyllis Hunsaker (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth 5-9-23  
Month Day Year

FATHER		MOTHER	
8. Full name <u>Golden G. Hunsaker</u>		14. Full maiden name <u>Beatrice Brunhal</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz</u> If nonresident, give place and state _____		15. Residence (Usual place of abode) <u>Globe, Ariz</u> If nonresident, give place and state _____	
10. Color or race <u>W</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Honeyville, Utah</u> (State or country)		18. Birthplace (city or place) <u>Tucson, Arizona</u> (State or country)	
13. Occupation <u>Truck Driver</u> Nature of industry		19. Occupation <u>Dr. W</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn.) at 5:30 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 G. E. Wright (Physician or midwife)  
Address \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed 5-12-23 1923 B. G. Gray Local Registrar  
Filed 6-5-23 1923 B. G. Gray County Registrar

789-509-923