

1630

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

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 15 County Registrar No. 108 Local Registrar No. 44

2. Full name of child Robert Norman Hulcomb 3. Sex of Child Male 4. Twin, triplet or other No. 5. No., in order of birth 6. Legitimate? Yes 7. Date of birth Aug. 21 1923

8. FATHER Full name Robert Lee Holcomb 9. Residence (Usual place of abode) Manassa Colorado 10. Color or race White 11. Age at last birthday 25 (Years) 12. Birthplace (city or place) Washington D. C. 13. Occupation Labor Nature of industry Machine engineering

14. MOTHER Full maiden name Sabina Gibbons 15. Residence (Usual place of abode) Manassa Colorado 16. Color or race White 17. Age at last birthday 26 (Years) 18. Birthplace (city or place) St. Johns Arizona 19. Occupation House wife Nature of industry

20. Number of children of this mother (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a.m. on the date above stated. (Born alive or stillborn.)

Signature T. J. Baillie M.D. (Physician or midwife) Address St. Johns, Ariz. Filed Sept 2 1923 Local Registrar. Filed Sept 5 1923 County Registrar.

982-821-272