

1877

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Yuma
Town of Copper Hill
or
City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188
County Registrar No. 533
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Raymond Louis Brown If child is not yet named, make supplemental report, as directed.

3. Sex of Child M 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 Aug 26 1923
Month Day Year

8. FATHER
Full name Raymond T. Brown
9. Residence (Usual place of abode) Copper Hill Ariz.
If nonresident, give place and state

14. MOTHER
Full maiden name Fay M. Teason
15. Residence (Usual place of abode) Copper Hill Ariz.
If nonresident, give place and state

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

16. Color or race W
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Pagosa Springs
(State or country) Colo

18. Birthplace (city or place) Pagosa Springs
(State or country) Colo

13. Occupation Carpenter
Nature of industry

19. Occupation Housewife
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 1 (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 born at 3 A 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. W. Hunt M.D. (Physician or midwife)
Address Globe Ariz.

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 8-30 1923 W. W. Hunt Local Registrar.
Filed 9-1 1923 W. W. Hunt County Registrar.

925-826-635