

1982

NAME ADDED BY SUPPLEMENT id

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa State Index No. 260
 District of NO3 County Registrar No. 1352
 Town of Mesa Local Registrar No. 260
 or _____
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Gerald Cummar If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Aug 6/23
 Month Day Year

<p>7. FATHER</p> <p>Full name <u>John Cummar</u></p> <p>Residence (Usual place of abode) <u>Mesa Ariz.</u> If nonresident, give place and state</p> <p>8. Color or race <u>White</u></p> <p>11. Age at last birthday <u>41</u> (Years)</p> <p>Birthplace (city or place) <u>England</u> (State or country) <u>Langham</u></p> <p>Occupation <u>Real Estate Business</u> Nature of industry</p>	<p>14. MOTHER</p> <p>Full maiden name <u>Eva Anna Thompson</u></p> <p>15. Residence (Usual place of abode) <u>Mesa Ariz.</u> If nonresident, give place and state</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>39</u> (Years)</p> <p>18. Birthplace (city or place) <u>Langham</u> (State or country) <u>England</u></p> <p>19. Occupation <u>Wife</u> Nature of industry</p>
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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 8
 (b) Born alive but now dead 5
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 8:50 m. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows any evidence of life after birth.

Signature [Signature] (Physician or midwife)
 Address Mesa Ariz.

Name added from supplemental report _____
 Month, day, year _____

Filed 9-4 1923 J. H. J. McNeill Local Registrar.
 Filed _____ 19____ HARRY J. FELTON County Registrar.

Registrar. 634-806-535