

2286

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 Pima
District of _____
Town of _____
or
City of Tucson

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 468
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Florence Pearl Ault (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 5. No., in order of birth X 6. Legitimate? Yes 7. Date of birth 8-5-23 Month Day Year

8. FATHER Full name W. H. Ault

14. MOTHER Full maiden name Marjorie Hughes

9. Residence (Usual place of abode) If nonresident, give place and state 525 S. Herber

15. Residence (Usual place of abode) If nonresident, give place and state Same

10. Color or race White 11. Age at last birthday 30 (Years)

16. Color or race W 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) (State or country) Texas

18. Birthplace (city or place) (State or country) N York

13. Occupation Nature of industry barber

19. Occupation Nature of industry H. W.

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 3 (b) Born alive but now dead 0 (c) Stillborn 0

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 _____ at _____ 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 Edw J. Gouffert (Physician or midwife)
Address 128 N. Stone

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

Filed 8-10-23 19. A. J. Schmalzer Local Registrar.
Filed _____ 19. _____ County Registrar.

613-805-482