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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106
County Registrar No. 588
Local Registrar No. 21

PLACE OF BIRTH

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

2. Full name of child Child of H.H. Herrington 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. No., in order of birth | 6. Legitimate? yes | 7. Date of birth Sept 3 1923 (Month Day Year)

FATHER	MOTHER
8. Full name Herman H. Herrington	14. Full maiden name Myrtle Long
9. Residence (Usual place of abode) Fellman, Ariz If nonresident, give place and state	15. Residence (Usual place of abode) Fellman, Ariz If nonresident, give place and state
10. Color or race White	16. Color or race White
11. Age at last birthday 51 (Years)	17. Age at last birthday 23 (Years)
12. Birthplace (city or place) Penn (State or country)	18. Birthplace (city or place) Okla (State or country)
13. Occupation Rancher 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 ✓
(b) Born alive but now dead
(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 Stillborn (Born alive or stillborn) at 10 a.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 Harry C. Ladewig M.D. (Physician or midwife)
Address Hayden, Arizona

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

Filed Sept 5th, 1923 [signature] Local Registrar.
Filed 10-8, 1923 [signature] County Registrar.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

HERCULIN RESERVED FOR BINDING

085-903-437