

10:15

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or
City of Globe

State Index No. 164
County Registrar No. 722
Local Registrar No. _____

2. Full name of child William Oliver Hughes
(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 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 Oct. 21 - 23
Month Day Year

8. FATHER Full name <u>Lyle French Hughes</u>		14. MOTHER Full maiden name <u>May Titworth</u>	
9. Residence (Usual place of abode) <u>Globe, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe, Arizona</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Houston, Texas</u> (State or country)		18. Birthplace (city or place) <u>Kansas</u> (State or country)	
13. Occupation Nature of industry <u>Labourer.</u>		19. Occupation Nature of industry <u>Housewife</u>	
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 <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:40 A.M. on the date above stated.
(Born alive or stillborn)

Signature C. W. Adams
Address Globe, Arizona
(Physician or midwife)

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

Filed 11-10-1928 B. S. Gray Local Registrar.
Filed 11-10-1928 B. S. Gray County Registrar.

602-1071-436