

1963

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

PLACE OF BIRTH
1. County of Pinal
District of Duncan
Town of Duncan
or
City of _____ No. _____ St. _____ Ward _____

State Index No. 234
County Registrar No. 177
Local Registrar No. _____

2. Full name of child Elwin M Hunt (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 Nov 15th 1923
Month Day Year

8. FATHER Full name <u>Broughton Hunt</u>		14. MOTHER Full maiden name <u>Mary Amanda Montenegro</u>	
9. Residence (Usual place of abode) <u>Duncan 3</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Alhambra 3</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>41</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>36</u> (Years)
12. Birthplace (city or place) <u>Utah</u> (State or country)		18. Birthplace (city or place) <u>Ariz</u> (State or country)	
13. Occupation <u>Farmer</u> Nature of industry		19. Occupation <u>Housewife</u> 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 <u>6</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</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 11:30 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 J. H. Buckley, M.D.
(Physician or midwife)
Address _____

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

Filed 17-2-23 _____ Local Registrar.
Filed Dec 7 1923 _____ County Registrar.

533-1115-445