

PLEASE EXAMINE WITH CARE AND IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF CHILDREN MUST BE INDICATED IN ORDER OF BIRTH STATED.

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

1. County of Linn District of Winkelmann Town of _____ or City of Winkelmann
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Theresa Cook (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 Dec. 1, 1923
 Month Day Year

<p>8. FATHER Full name <u>Isaac Cook</u></p> <p>9. Residence (Usual place of abode) <u>Winkelmann</u> If nonresident, give place and state</p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>4</u> (Years)</p> <p>12. Birthplace (city or place) <u>Texas</u> (State or country)</p> <p>13. Occupation <u>Laborer</u> Nature of industry</p>	<p>14. MOTHER Full maiden name <u>Ora Pyne</u></p> <p>15. Residence (Usual place of abode) <u>Winkelmann</u> If nonresident, give place and state</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>29</u> (Years)</p> <p>18. Birthplace (city or place) <u>Texas</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>
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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? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:55 am. 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 Harry C. Ludwig (Physician or midwife)
 Address Hayden, Arizona

Given name added from a supplemental report _____ Month, day, year. Filed Dec 15, 1923
 Filed 1-5, 1924

Registrar. _____ County Registrar. B. J. S. 104

332-1201-632