

V.S. No. 1-1
 MARGIN RESERVED FOR BINDING
 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 of each, in order of birth stated.

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

1. County of Navajo State Index No. 477a
 District of _____ County Registrar No. 79
 Town of Woodruff or _____ Local Registrar No. _____
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Albert Well Hatch

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 Jan. 16, 1924
 Month Day Year

FATHER		MOTHER	
10. Name <u>Albert Hatch</u>		14. Full maiden name <u>Zina Brinkerhoff</u>	
11. Residence (Usual place of abode) <u>Woodruff Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Woodruff Ariz.</u> If nonresident, give place and state	
16. Color or race <u>white</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>28</u> (Years)
18. Birthplace (city or place) <u>Woodruff Ariz.</u> (State or country)		18. Birthplace (city or place) <u>Tuba</u> (State or country) <u>Arizona</u>	
19. Occupation <u>Farmer</u> Nature of industry		19. Occupation <u>housewife</u> Nature of industry	
Number of children of this mother taken as of time of birth of child herein (including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living _____			
(b) Born alive but now dead _____			
(c) Stillborn _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was born alive at 11:30 P.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 Mar. L. E. Gardner
 Address Woodruff Arizona
 (Physician or midwife)

Name added from supplemental report _____
 Month, day, year. _____
 Registrar. _____

Filed _____, 19____
 Filed 4-15, 1924
 Local Registrar. Mar. L. E. Gardner
 County Registrar. J. M. [Signature]

186-116-726