

ORIGINAL RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Hila
District of _____
Town of Mesa
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106
County Registrar No. 113
Local Registrar No. _____

2. Full name of child Ronald Bissett Stewart
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____
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 400
6. Legitimate? yes
7. Date of birth 2-4-24
Month day year

8. FATHER
Full name Charley Stewart
9. Residence (Usual place of abode) Mesa Ariz
If nonresident, give place and state

14. MOTHER
Full maiden name Elizabeth Bissett
15. Residence (Usual place of abode) Mesa Ariz
If nonresident, give place and state

16. Color or race White
11. Age at last birthday 56 (Years)

16. Color or race White
17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Mich.
(State or country)

18. Birthplace (city or place) Mich.
(State or country)

13. Occupation Mechanics
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 4
(b) Born alive but now dead 1
(c) Stillborn none
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 10 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 evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Signature J. H. Slaughter (physician or midwife)
Address Mesa Ariz
Filed Feb 29 1924 J. C. Drinn Local Registrar.
Filed 3/9/24 B. G. Jay County Registrar.

423-204-523