

# Damaged Document(s)

In order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Young</u>		Registrar No. <u>107</u>	
or _____		Registrar No. <u>114</u>	
City of _____		Registrar No. _____	
No. _____		Ward _____	
(If birth occurred in a hospital or institution, give its name and street and number)			
2. Full name of child <u>Mary Alice Turner</u>			
not yet named, make report, as directed.			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?
<u>Female</u>			<u>yes</u>
5. No., in order of birth		7. Date of birth	
		<u>4 1924</u>	
		Day Year	
8. FATHER		14. MOTHER	
Full name <u>William L Turner</u>		Full maiden name <u>Eva Brewer</u>	
9. Residence (Usual place of abode) <u>Young Ariz</u>		15. Residence (Usual place of abode) <u>Young Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>36</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Plans Co, Texas</u>		18. Birthplace (city or place) <u>St Thomas, Ariz.</u>	
(State or country)		(State or country)	
13. Occupation <u>Farmer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>	
(a) Born alive and now living <u>7</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7:30am.</u> 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 <u>M. A. Hines</u>	
		(Physician or midwife)	
		Address <u>Young Arizona</u>	
Given name added from a supplemental report _____		Filed <u>2/100</u> 19 <u>24</u> <u>Ola Young</u>	
Month, day, year.		Filed <u>3/8</u> 19 <u>24</u> <u>ast B. H. H. H.</u>	
Registrar.		County Registrar.	

439-204-525