2018

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 s. in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152

County Registrar No. 249

Local Registrar No. 19

PLACE OF BIRTH

1. County of Gila

District of

Town of Hayden

or

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 Charlie Lee Blake — 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?

7. Date of birth March 14 1924 (Month day year)

8. FATHER

Full name William Garfield Blake

9. Residence (Usual place of abode) Hayden.

If nonresident, give place and state

10. Color or race: White

11. Age at last birthday 43 (Years)

12. Birthplace (city or place) Gila County

(State or country) Arizona

13. Occupation Amer. Smelting & Refining

Nature of industry Labour

14. MOTHER

Full maiden name Lily Toby.

15. Residence (Usual place of abode) Hayden

If nonresident, give place and state

16. Color or race: White

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Kerr County

(State or country) Texas.

19. Occupation House wife

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 6

(b) Born alive but now dead 0

(c) Stillborn 0

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 ..... at ..... 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.

Signature Fitz R. Winslow (Physician or midwife)

Address Hayden Ariz

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

Filed March 15 1924 W. B. Nash Local Registrar.

Filed 4-9 1924 B. G. Gray County Registrar.

Registrar.

325-414-338