

WHILE 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		
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>147</u>	
District of <u>Hayden</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>300</u>	
Town of <u>Hayden</u>			Local Registrar No. <u>46</u>	
or <u>Ariz.</u>			St. _____	Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>7 mo. Still born. Premature</u>			If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>Yes</u>	5. No. in order of birth <u>1</u>	6. Legitimate? <u>Yes</u>
7. Date of birth <u>1. 16. 1924</u>			Month <u>1</u>	day <u>16</u> year <u>1924</u>
9. FATHER		14. MOTHER		
Full name <u>Grover C. Walker</u>		Full maiden name <u>Gladys Corbin</u>		
9. Residence (Usual place of abode) <u>Hayden, Ariz.</u>		15. Residence (Usual place of abode) <u>Hayden, Ariz.</u>		
If nonresident, give place _____		If nonresident, give place _____		
10. Color or race <u>White, U.S.A.</u>		16. Color or race <u>White, U.S.A.</u>		
11. Age at last birthday <u>36</u> (Years)		17. Age at last birthday <u>27</u> (Years)		
12. Birthplace (city or place) <u>Goodman Co. Mo.</u>		18. Birthplace (city or place) <u>Indiana</u>		
(State or country)		(State or country)		
13. Occupation <u>Crafterman</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?		
(a) Born alive and now living <u>1</u>		<u>Yes</u>		
(b) Born alive but now dead <u>0</u>				
(c) Stillborn <u>0</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who <u>gasped a few times</u> at <u>10:30</u> a.m. on the date above stated. (born alive <u>✓</u> 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 <u>P. M. Butler, M.D.</u>		
Given name added from _____		Address <u>Winkelman, Arizona</u>		
a supplemental report _____		Filed <u>Apr 18</u> , 19 <u>24</u>		
Month, day, year.		Filed <u>5-7</u> , 19 <u>24</u>		
Registrar. _____		County Registrar. <u>B. J. [Signature]</u>		

069-414-735