

1112

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.

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

1. County of Graham State Index No. 198
District of _____ County Registrar No. 376
Town of Pinal or _____ Local Registrar No. 581-8
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 Oran Fuller If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 5 20 24
Month Day Year

8. FATHER Full name <u>Tom Fuller</u>		14. MOTHER Full maiden name <u>Mary Hubbard</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>Pinal</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Pinal</u>	
10. Color or race <u>white</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>36</u> (Years)
12. Birthplace (city or place) (State or country) <u>Math</u>		18. Birthplace (city or place) (State or country) <u>Hubbard Ariz</u>	
13. Occupation Nature of industry <u>Farmer</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 7
(b) Born alive but now dead 4
(c) Stillborn 0

21. Were precautions taken against *spl.* yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 11:10 P.M. on the date above stated.

Signature J. W. Morris (Physician or midwife)
Address Pinal

*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.

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

Filed June 7 1924 Hattie W. Schenck Local Registrar
Filed June 7 1924 D. Scott Schenck County Registrar

669-520-484