[redacted]

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.

PLACE OF BIRTH

1. County of Gila

District of Winkelman

Town of Hunkhman

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

County Registrar No. 471

Local Registrar No. 1

2. Full name of child Philip Joseph Acton } 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? Yes

7. Date of birth June 13 1924 (Month day year)

8. FATHER

Full name Joseph Acton

9. Residence (Usual place of abode) Hunkhman

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mamouth

(State or country)

13. Occupation Mechanic

Nature of industry

14. MOTHER

Full maiden name Mirl May Ragsdale

15. Residence (Usual place of abode) Hunkhman

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Cook's Peak

(State or country) New Mexico

19. Occupation Housekeeper

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 2

(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 Born alive (Born alive or stillborn) at 2 p.m. on the date above stated.

*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.

Registrar.

Filed June 20, 1924 Local Registrar.

Filed JUL 5 1924 B. G. Joe County Registrar.

715-613-495