1478

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

State Index No. 150

County Registrar No. 474

Local Registrar No. 1

PLACE OF BIRTH

1. County of Gila

District of Winkelman

Town of Winkelman

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 L. T Petker — 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 6-14-1924 (Month day year)

8. FATHER	14. MOTHER
Full name George H Petker	Full maiden name Jessie Sellick
9. Residence (Usual place of abode) Winkelman	15. Residence (Usual place of abode) Winkelman
If nonresident, give place and state	If nonresident, give place and state
10. Color or race: White — 11. Age at last birthday 27 (Years)	16. Color or race: White — 17. Age at last birthday 24 (Years)
12. Birthplace (city or place) Alliance (State or country) Nebraska	18. Birthplace (city or place) Dudleyville (State or country)
13. Occupation Nature of industry Laborer	19. Occupation Nature of industry Housewife

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 3
(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 6:30 a.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.

Filed June 20, 1924 [signature] Local Registrar.

Registrar.

Filed JUL 5, 1924 [signature] County Registrar.

379-614-122