1942

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160

County Registrar No. 468

Local Registrar No. ____

PLACE OF BIRTH

1. County of Gila

District of ____

Town of Miami

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 Hubert Fenton Cluff (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 1 6. Legitimate yes

7. Date of birth June 19 - 1924. (month day year)

8. FATHER	14. MOTHER
Full name Fenton L. Cluff	Full maiden name Fern Coombs
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz	If nonresident, give place and state Ariz
10. Color or race Caus.	16. Color or race Caus.
11. Age at last birthday 25 (Years)	17. Age at last birthday 19 (Years)
12. Birthplace (city or place) Central	18. Birthplace (city or place) Central
(State or country) Ariz.	(State or country) Arizona
13. Occupation	19. Occupation
Nature of industry Teamster	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 1
(b) Born alive but now dead ____
(c) Stillborn ____

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 (Born alive ~~or stillborn~~.) at 12:20 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 Cyril M. Crow M.D. (Physician ~~or midwife~~)

Address Miami, Arizona

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

Filed June 30 1924 [illegible] Local Registrar.

Registrar.

Filed JUL 6 1924 [illegible] County Registrar.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

836-619-632