

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

PLACE OF BIRTH Gila
 1. County of Gila
 District of Claypool
 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)

State Index No. 105
 County Registrar No. 608
 Local Registrar No. _____

2. Full name of child _____
 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 Aug 3 1924
 Month day year

8. FATHER Full name <u>Larry moie Hughes</u> 9. Residence (Usual place of abode) <u>Miami, Arizona (Claypool)</u> If nonresident, give place and state _____	14. MOTHER Full maiden name <u>Lizzie Jo Redburn</u> 15. Residence (Usual place of abode) _____ If nonresident, give place and state _____
10. Color or race <u>White</u> 11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>W</u> 17. Age at last birthday _____ (Years)
12. Birthplace (city or place) <u>Franklin Kentucky</u> (State or country)	18. Birthplace (city or place) <u>Canyon Texas</u> (State or country)
13. Occupation <u>Dry goods clerk</u> Nature of industry	19. Occupation <u>Housewife</u> 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 0
 (b) Born alive but now dead 0
 (c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 6:15 P. m. on the date above stated.
 (Born alive or stillborn.)

Signature J. J. Miller
 (Physician or midwife)
 Address Miami, Arizona
 Filed Aug 31, 1924
 Filed 9-5, 1924
 Local Registrar. Rec. E. Allen
 County Registrar. B. G. J. J. J.

Registrar. _____

082-803-394