1196

MARGIN RESERVED FOR BINDING

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. 171

County Registrar No. 694

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of Miami

or

City of ..... No. M. & I. Hosp. St. ..... Ward

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

2. Full name of child Robert Warren Tucker — 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 3

6. Legitimate? Yes

7. Date of birth Aug. 25 - 1924, Month day year

FATHER

8. Full name Louis Harold Tucker

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race Cauc.

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Ukraine

(State or country) Russia

13. Occupation

Nature of industry Mining Engineer

MOTHER

14. Full maiden name Jeanette Garbarsky

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz

16. Color or race Cauc.

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) New York City

(State or country) N.Y.

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 2

(b) Born alive but now dead 1

(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 at 9 P m. on the date above stated.

(Born alive or ~~stillborn~~)

*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 Sept 30, 1924 C. E. Irwin Local Registrar.

Filed 10-6, 1924 B. G. Fox County Registrar.

..... Registrar.

939-825-178