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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Sala District of _____
Town of _____
or _____
City of Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Junior Cartwright (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 9 6 1924 Month day year

8. FATHER Full name John H. Cartwright 14. MOTHER Full maiden name Minnie Pitty
9. Residence (Usual place of abode) Hayden Ariz 15. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____ If nonresident, give place and state _____

16. Color or race White 17. Age at last birthday 7 (Years) 18. Color or race White 19. Age at last birthday 26 (Years)

12. Birthplace (city or place) Sherman (State or country) Texas 18. Birthplace (city or place) Fayetteville (State or country) Texas

13. Occupation Machinist Nature of industry _____ 19. Occupation House wife 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 4 (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 at 9:45 A.M. on the date above stated.
(Born alive or stillborn.)

Signature Charles E. Hurst, M.D. (Physician or midwife)
Address _____
Given name added from a supplemental report _____
Month, day, year. _____

Filed Nov 8th 1924 _____ Local Registrar.
Filed 11-9 1924 _____ County Registrar.

133-906-469