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in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172
County Registrar No. 779
Local Registrar No. _____

2. Full name of child Ruby Hunt } If child is not yet named, make supplemental report, as directed.
3. Sex of Child Female 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 Sept. 26, 1924
Month day year

8. FATHER
Full name Jane Hunt
9. Residence (Usual place of abode) Pine Ariz
If nonresident, give place and state
10. Color or race White
11. Age at last birthday 39 (Years)
12. Birthplace (city or place) Pine Ariz
(State or country)
13. Occupation
Nature of industry Farmer

14. MOTHER
Full maiden name Florence Poulter
15. Residence (Usual place of abode) Pine Ariz
If nonresident, give place and state
16. Color or race White
17. Age at last birthday 36 (Years)
18. Birthplace (city or place) Pine Ariz
(State or country)
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 at Pine Ariz 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.
Given name added from a supplemental report _____
Month, day, year. _____
Signature [Signature] (Physician or midwife)
Address Pine Ariz
Filed Oct, 1924 [Signature] Local Registrar.
Filed 11-5, 1924 [Signature] County Registrar.

993 - 926 - 479