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N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the SERIAL RECORD UNFOLDING IN ORDER OF STATEMENT.

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

PLACE OF BIRTH  
1. County of Maricopa  
District of \_\_\_\_\_  
Town of Hayden  
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 Eloise Marjorie Vaughn  
3. Sex of Child Female  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? Yes  
7. Date of birth Oct 11 1924  
Month day year

8. FATHER  
Full name Harvey L. Vaughn  
9. Residence Hayden  
(Usual place of abode)  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race White  
11. Age at last birthday 24 (Years)

14. MOTHER  
Full maiden name Arthur Louisa Vaughn  
15. Residence Hayden  
(Usual place of abode)  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race White  
17. Age at last birthday 24 (Years)

12. Birthplace (city or town) Midland  
(State or country) Texas  
13. Occupation Bookkeeper  
Nature of industry \_\_\_\_\_  
18. Birthplace (city or town) Decatur  
(State or country) Alabama  
19. Occupation Housewife  
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 2  
(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 Female at 8-4 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 Charles B. Hurst MD  
(Physician or midwife)  
Address Hayden Arizona  
Filed NOV 8 1924  
11-9 1924  
Local Registrar.  
County Registrar.

555-1011-155