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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152
County Registrar No. 934
Local Registrar No. 64

PLACE OF BIRTH

1. County of Gila
District of Payson
Town of
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 John Quimby Gillette } 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 ok | 5. No., in order of birth 3rd | 6. Legitimate? Yes | 7. Date of birth Oct. 22 '24 (Month day year)

| FATHER | MOTHER |
|---|---|
| 8. Full name Verne Gillette | 14. Full maiden name Chona Belluzzi |
| 9. Residence (Usual place of abode) Young Ariz. If nonresident, give place and state | 15. Residence (Usual place of abode) Young Ariz. If nonresident, give place and state |
| 10. Color or race White | 16. Color or race White |
| 11. Age at last birthday 34 (Years) | 17. Age at last birthday 37 (Years) |
| 12. Birthplace (city or place) South Dakota (State or country) | 18. Birthplace (city or place) Ariz (State or country) |
| 13. Occupation Nature of industry Farmer | 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 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 4 a.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 C H Kissen (Physician or midwife)
Address Payson Ariz

Given name added from a supplemental report ..... Month, day, year.

Filed Dec 22, 1924 Jay F Vann Local Registrar.

Filed 1-5, 1925 B. G. [illegible] County Registrar.

Registrar.

175-1022-329

WRITE PLAINLY WITH UNFADING INK. 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.