207

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165

County Registrar No. 841

Local Registrar No. 48

PLACE OF BIRTH

1. County of Gila

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 ~~Anna~~ Anna Arvila Flowers 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: Oct 26 1924 (Month day year)

8. FATHER — Full name: Wesley Flowers

9. Residence (Usual place of abode): Hayden — If nonresident, give place and state

10. Color or race: White

11. Age at last birthday: 30 (Years)

12. Birthplace (city or place): Farmersville — (State or country): Texas

13. Occupation: Foreman — Nature of industry

14. MOTHER — Full maiden name: Nellie Anderson

15. Residence (Usual place of abode): Hayden — If nonresident, give place and state

16. Color or race: White

17. Age at last birthday: 26 (Years)

18. Birthplace (city or place): Elwood — (State or country): Texas

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 1:30 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: Charles B. Hunt (Physician or midwife) MD

Address: Hayden, Ariz.

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

Filed NOV 6 1924, 19.... W. B. Dash Local Registrar.

Registrar.

Filed 11-9, 1924 BLS Fox County Registrar.

162-1026-515

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.

PERMANENT RECORD