

2111

WRITE PLAINLY WITH UNFADING INK—THIS IS A 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Graham BUREAU OF VITAL STATISTICS State Index No. 194  
District of Shobson ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 483  
Town of \_\_\_\_\_ Local Registrar No. 452  
or \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
City of \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hughes 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 10 8 24  
5. No., in order of birth \_\_\_\_\_ Month day year

8. FATHER Full name Ray Hughes 14. MOTHER Full maiden name Dorothy Carpenter  
9. Residence (Usual place of abode) Shobson 15. Residence (Usual place of abode) Shobson  
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 22 (Years) 16. Color or race white 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Tex (State or country) 18. Birthplace (city or place) Ariz (State or country)

13. Occupation Nature of industry Teacher 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 \_\_\_\_\_ (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 born at 12:00 p.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 J. J. Harris M.D. (Physician or midwife)  
Address \_\_\_\_\_  
Given name added from \_\_\_\_\_  
Month, day, year. Filed Nov 6 1924 Hattie W. Schenck Local Registrar.  
County Registrar. Filed Nov 6 1924 David Schenck County Registrar.

582-1008-439