

21110

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

1. County of Gila District of _____
Town of Miami or City of _____
No. M+J Hospital (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Harold Hay Hutchinson (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. 1st in, triplet or other. 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth Dec. 13-1924 Month day year

8. FATHER Full name <u>Hay J. Hutchinson</u>		14. MOTHER Full maiden name <u>Ellen West</u>	
9. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Denning - New Mexico</u> (State or country)		18. Birthplace (city or place) <u>Globe Ariz.</u> (State or country)	
13. Occupation Nature of industry <u>miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn
(Taken as of time of birth of child herein certified and including this child.)

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 (Born alive or stillborn.) at 3 a.m. on the date above stated.

Signature Cyril M. Brown M.D. (Physician or midwife)
Address Miami, Arizona
Filed Dec 31 19 24 R. E. Davis Local Registrar.
Filed 1-5 19 25 B. S. J. J. J. County Registrar.

Registrar. _____
Month, day, year. _____

In order of birth stated.

885-1013-563