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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 277

1. County of _____

District of _____

Town of _____

or _____

City of Phoenix

County Registrar No. 2549

Local Registrar No. 1271

No. 321 W. Jefferson St. _____ Ward _____
(If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child Frank George Pruitt 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Dec 1st 1924
Month Day Year

8. FATHER Full name Bert H. Pruitt

14. MOTHER Full maiden name Sarah J. Ivy

9. Residence (Usual place of abode) 3214 Jefferson
If nonresident, give place and state

15. Residence (Usual place of abode) 321 W. Jefferson
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 35 (Years)

16. Color or race White 17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Kentucky
(State or country)

18. Birthplace (city or place) Phoenix Ariz
(State or country)

13. Occupation Inspector
Nature of industry cement

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (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 530 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 evidence of life after birth.

Signature G. J. Hinkle M.D.
(Physician or midwife)

Address 124 W. Rowles St.

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

Filed 12-12-24 Local Registrar.

Filed _____ 19____ County Registrar.

673-1201-298 this child lived by 3 1/2 hours ELH

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.