

PLACE OF BIRTH

1. County of Yuma
 District of Hayden
 Town of _____
 or Box 513
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143
 County Registrar No. 133
 Local Registrar No. 70

2. Full name of child Francis May Bush No. _____ of birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
 (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 1 6. Legitimate? Yes 7. Date of birth Feb 16 1925
 Month Day Year

8. FATHER
 Full name Edward Phelps Bush

14. MOTHER
 Full maiden name Ora Callie

9. Residence (Usual place of abode) Hayden Ariz
 If non-resident, give place and state.

15. Residence (Usual place of abode) Hayden Ariz
 If non-resident, give place and state.

10. Color or race White

16. Color or race White

11. Age at last birthday 26 (Years)

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) French Lick,
 (State or country)

18. Birthplace (city or place) Yuma
 (State or country) Arizona

13. Occupation Welder
 Nature of industry

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 1
 (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 alive at 6:30 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 evidence of life after birth.

Signature Charles R. Hurst M.D.
 Address Hayden Ariz.
 (Physician or midwife).

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

Filed Feb 18, 1925 W.D. Dues
 Local Registrar.

Filed 3/9, 1925, G.E. Wylton
 County Registrar.

Registrar

628-216-635

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.

"ANKER" RESER. FOR BINDING