

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Hayden

or \_\_\_\_\_

City of \_\_\_\_\_

## BUREAU OF VITAL STATISTICS

State Index No. 191

## ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Local Registrar No. 41No. Hayden Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Anna Lucille Day { 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 April 26 - 1925  
Month Day Year8. FATHER Full name Wm Francis Day 14. MOTHER Full maiden name Luz Schauer9. Residence (Usual place of abode) Hayden, June, Arizona 15. Residence (Usual place of abode) Hayden, June, Arizona  
If non-resident, give place and state.10. Color or race White 11. Age at last birthday 37 (Years) 16. Color or race White 17. Age at last birthday 21 (Years)12. Birthplace (city or place) Los Angeles, California 18. Birthplace (city or place) Soney Palacios, Mexico  
(State or country)13. Occupation Nature of industry A. R. Conductor 19. Occupation Nature of industry Housewife20. 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 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 evidence of life after birth. Signature Fitz R. W. ...  
(Physician or midwife) Address Hayden, Ariz.Given name added from a supplemental report. Filed May 5, 1925 Local Registrar W. B. ...  
Month, day, year

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar \_\_\_\_\_

148-426-329