

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Hayden
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174
 County Registrar No. _____
 Local Registrar No. 54

2. Full name of child Baby Varner
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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
 5. No., in order of birth 1 7. Date of birth June 18 1925
 Month Day Year

8. FATHER
 Full name William Wesley Varner
 9. Residence Hayden
 (Usual place of abode)
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 39 (Years)

14. MOTHER
 Full name Beulah Reddie Fisher
 15. Residence Hayden
 (Usual place of abode)
 If non-resident, give place and state. Ariz
 16. Color or race White
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Shelton Co., Mo.
 (State or country)
 13. Occupation Operator
 Nature of industry Pump Station

18. Birthplace (city or place) Logan Co., Oklahoma
 (State or country)
 19. Occupation Housewife
 Nature of industry Wife

20. Number of children of this mother (a) Born alive and now living 2
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
 (c) Stillborn 1 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born at 10:30 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 B. Hunter, M.D.
 (Physician or midwife)
 Address Hayden Ariz

Given name added from a supplemental report. Month, day, year _____ Filed June 19, 1925 W. T. P. Nash Local Registrar.
 _____ Filed _____, 19____ Registrar _____ County Registrar.

059-618-269

MARGIN RESERVED FOR BINDING
 WRITE ONLY WITH UNFADING INK—THIS IS A PERMA. 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.