

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mohave
 District of Kingman
 Town of _____
 or _____
 City of Kingman

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 457
 County Registrar No. _____
 Local Registrar No. 20

2. Full name of child Hubert Buchanan Neal
(If 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 male To be answered ONLY in event of plural births. }
 4. Twin, triplet or other _____ 5. Legitimate? yes
 6. No., in order of birth _____ 7. Date of birth 8-19-25
 Month Day Year

8. FATHER
 Full name Robert Edward Neal

14. MOTHER
 Full maiden name Gertrude E. Buchanan

9. Residence (Usual place of abode) Sandy Arizona
 If nonresident, give place and state

15. Residence (Usual place of abode) Sandy
 If nonresident, give place and state

10. Color or race white
 11. Age at last birthday 28 (Years)

16. Color or race white
 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Sandy Arizona
 (State or country)

18. Birthplace (city or place) _____
 (State or country) Texas

13. Occupation stock-man
 Nature of industry

19. Occupation housewife
 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 2
 (b) Born alive but now dead 1
 (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 2:05 P. 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 William C. Frost
 Address Kingman
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed Aug 24, 1925: Miss Margaret Holman
 Local Registrar.
 Filed _____, 19_____
 County Registrar.

853-819-725