

PLACE OF BIRTH

1. County of Bila

District of _____

Town of Hayden

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 194

County Registrar No. _____

Local Registrar No. 72No. _____ St. _____ Ward _____
(If birth occurred in hospital or institution, give its NAME instead of street and number)2. Full name of child William George Lewis
If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth Oct. 23, 1925
Month day yearMale

5. No. in order of birth

Yes

Month day year

3. FATHER

Full name William Stanley Lewis9. Residence Hayden
(Usual place of abode)

If nonresident, give place and state

10. Color or race

White11. Age at last birthday 29 (Years)12. Birthplace (city or place) Bandera Co. Texas

(State or country)

13. Occupation

Nature of industry Tool dresser

14. MOTHER

Full maiden name Grace Georgie Keese15. Residence Hayden
(Usual place of abode)

If nonresident, give place and state

16. Color or race

White17. Age at last birthday 26 (Years)18. Birthplace (city or place) Junction City(State or country) Texas

19. Occupation

Nature of industry Housewife

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
(c) Stillborn 121. 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 2:40 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
evidences of life after birth.Signature Charles H. Huestis M.D.

(Physician or midwife)

Address HaydenGiven name added from
supplemental reportFiled Oct 26, 1925Local Registrar. W. J. D. D.

Month, day, year.

Filed _____

Registrar.

County Registrar.

632-1003-725

N. 2. In case of more than one child at a birth, a SEPARATE KEA-
be made for each, and the n.
in order of birth stated.