

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. WITH UNFADING INK—THIS IS A PERMANENT RECORD.—

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Hayden  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 77

2. Full name of child Still Birth / Fitchett (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 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 Nov 13 1925 (If child is not yet named, make supplemental report, as directed)

8. FATHER  
 Full name Murty Fitchett  
 9. Residence Hayden  
 (Usual place of abode)  
 If nonresident, give place and state

14. MOTHER  
 Full maiden name Elba Hallwell  
 15. Residence Hayden  
 (Usual place of abode)  
 If nonresident, give place and state

10. Color or race White  
 11. Age at last birthday 38 (Years)

16. Color or race White  
 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Blomogordo  
 (State or country) New Mex.

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

13. Occupation Carpenter  
 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 2  
 (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Full born at 8:30 am, 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. Heston, M.D.  
 Address Hayden Arizona  
 (Physician or midwife)

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year.

Filed Nov 13, 1925  
W. J. Dyer  
 Local Registrar.

Registrar.

Filed \_\_\_\_\_  
 County Registrar.

063-1113-523