

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 Sila
District of _____
Town of Hayden
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140
County Registrar No. _____
Local Registrar No. 82

2. Full name of child Francis Max Polloy
(If born occurred in hospital or institution, give its NAME instead of street and number)
No. _____ 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 _____ Legitimate? Yes
5. No., in order of birth _____
7. Date of Birth Dec 8 1925
Month day year

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

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

10. Color or race White
11. Age at last birthday 33 (Years)

16. Color or race White
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Omaha
(State or country) Nebaska
13. Occupation Photographer
Nature of industry

18. Birthplace (city or place) Kansas City
(State or country) Mo.
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living _____
(Taken as of time of birth of child herein certified and including this child.) (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 6 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. Huelskamp M.D.
(Physician or midwife)
Address Hayden Arizona

Given name added from _____
supplemental report _____
Month, day, year. _____
Filed Dec 11, 1925
Local Registrar.

Registrar. _____
County Registrar.

678-1208-548