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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 183

County Registrar No. .....

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of Winkleman

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Loretta Elizabeth Eakin } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female — To be answered ONLY in event of plural births.

4. Twin, triplet or other Twin

5. No., in order of birth 1

6. Legitimate? Yes

7. Date of birth ~~Mar~~ Feb 27 1926 (Month day year)

8. FATHER	14. MOTHER
Full name Calvin Eakin	Full maiden name Edith Lamar
9. Residence (Usual place of abode) Winkleman	15. Residence (Usual place of abode) Winkleman
If nonresident, give place and state	If nonresident, give place and state
10. Color or race White	16. Color or race White
11. Age at last birthday 24 (Years)	17. Age at last birthday 18 (Years)
12. Birthplace (city or place) Oklahoma (State or country)	18. Birthplace (city or place) Lakewood (State or country) New Mexico
13. Occupation Labour 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 1
(b) Born alive but now dead 0
(c) Stillborn 0

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 11:45 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 evidences of life after birth.

Signature Charles B Huestis MD (Physician or midwife)

Address Hayden Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed Mar 26, 1926 P. J. Huestis Local Registrar.

..... Registrar.

Filed ..... 19.. ..... County Registrar.

355-227-535