

THIS IS A PERMANENT RECORD.

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 Maricopa

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 220

District of _____

County Registrar No. _____

Town of Perrin

Local Registrar No. 186

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 Harold Floyd Sussoma } 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. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth June 6 - 26
Month day year

8. FATHER
Full name J. H. Sussoma

14. MOTHER
Full maiden name Abora Gentry

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

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

10. Color or race White
11. Age at last birthday 30 (Years)

16. Color or race White
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Sau Joto Co
(State or country) Tex

18. Birthplace (city or place) Maricopa
(State or country) Ariz

13. Occupation Farmer
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 3
(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 4 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 D. S. Duncan M.D.
(Physician or midwife)

Address Perrin, Ariz

Given name added from a supplemental report _____ Filed 6/9 1926 Jud. Segovias
Month, day, year. Local Registrar.

Registrar. _____ Filed _____ 19 _____ County Registrar.

824-606-378