

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.
 WRI. PLAINLY WITH UNFADING INK—THIS IS A PERM. BIRTH RECORD
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ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH
 1. County of Gila
 District of _____
 Town of Ariz
 or Globe
 City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180
 County Registrar No. _____
 Local Registrar No. 231

2. Full name of child Michel Hughes No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ 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 _____ 6. Legitimate? _____
 7. Date of birth 9 29 26
Month Day Year

8. FATHER
 Full name Mike Hughes
 9. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) Kingston
(State or country) N. Mexico
 13. Occupation
 Nature of industry miner

14. MOTHER
 Full maiden name Clara Rivera Hughes
 15. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 35 (Years)
 18. Birthplace (city or place) Georgetown
(State or country) new Mexico
 19. Occupation
 Nature of industry House wife

20. Number of children of this mother } (a) Born alive and now living 7
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 3
 } (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 at 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 evidence of life after birth.
 Signature Mrs. J. H. Bryant (Physician or midwife)
 Address P. O. Box 508 - Des. + 10 Euclid Ave.
10-31 26 St. Vincent

Given name added from a supplemental report 4-29-26 Filed _____ 19____
Month, day, year Local Registrar.
 Registrar _____ County Registrar.

482-929-391