ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 667
County Registrar No.
Local Registrar No. 292

PLACE OF BIRTH

1. County of Yavapai
District of Yavapai
Town of Clarkdale
or
City of Clarkdale No. Home St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Timothy Joy Teuts { If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Girl
To be answered ONLY in event of plural births.
4. Twin, triplet or other: Single
5. No., in order of birth:
6. Legitimate? Yes
7. Date of birth: Oct. 8th 26 (Month Day Year)

FATHER

8. Full name: George Gibson Teuts
9. Residence (Usual place of abode): Clarkdale
If non-resident, give place and state.
10. Color or race: White
11. Age at last birthday: 35 (Years)
12. Birthplace (city or place): Flagstaff
(State or country): Arizona
13. Occupation: Janitor
Nature of industry:

MOTHER

14. Full maiden name: Lois Dale Williams
15. Residence (Usual place of abode): Clarkdale
If non-resident, give place and state.
16. Color or race: White
17. Age at last birthday: 38 (Years)
18. Birthplace (city or place): Isabola
(State or country): South Dakota
19. Occupation: Housewife
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: 5
(b) Born alive but now dead: None
(c) Stillborn: None
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 (Born alive or stillborn.) at 4:00 a.m. on the date above stated

* 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: [illegible] (Physician or midwife).
Address: Clarkdale

Given name added from a supplemental report ..... Month, day, year
Filed Dec 7, 1926 C.W. Hoggins Local Registrar.

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

443-1008-362

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.

THIS IS A PERMANENT RECORD
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