

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.

PLACE OF BIRTH
1. County of Cochise

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS

State Index No. 96

Town of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

or
City of Douglas

No. Column Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Local Registrar No. _____

2. Full name of child Donald Fredrick Burnett } 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 Nov. 29-1926 Month day year

8. FATHER
Full name Roseo J Burnett

14. MOTHER
Full maiden name Ethel S Thompson

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

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

10. Color or race W.
11. Age at last birthday 35 (Years)

16. Color or race White
17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Tulsa, Ok.
(State or country) Texas

18. Birthplace (city or place) Dover
(State or country) Calo

13. Occupation Brusher
Nature of industry

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. 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 on the date above stated.
(Born alive or stillborn.)

Signature J. R. Lewis (Physician or midwife)

Address Myrtle Bldg Douglas

Filed 12-9-26 J. R. Lewis Local Registrar.
Month, day, year.

Registrar. _____ Filed _____ 19____ County Registrar.

423-1129-535