

WRITE PLAINLY WITH INK. RETURN must be made for each, and the number of each 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 Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1-15

District of _____

Town of Miami

County Registrar No. 908

or

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

2. Full name of child Shirley Ellen Hunt (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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Nov 1 1926
Month Day Year

8. FATHER
Full name Scott Hunt

14. MOTHER
Full maiden name Helen Lucile Padgett

9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 28 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Baton Rouge Louisiana
(State or country)

18. Birthplace (city or place) Charleston Illinois
(State or country)

13. Occupation Lead burner
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 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 alive (Born alive or stillborn) at 2:10 P 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 J. J. Miller (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____ Filed Nov 11, 1926 L. E. Tom Local Registrar.

Month, day, year _____ Filed _____, 19____ County Registrar.

Registrar

263-1101-473