

In order of birth stated.

PLACE OF BIRTH

County of Santa Cruz

ARIZONA STATE BOARD OF HEALTH

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 5-85

Ward _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

or _____

Local Registrar No. B187

City of Mogalev Ariz No. 229 Pajarito St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephine Clara Hubbard } 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 2nd } 6. Legitimate? yes } 7. Date of birth Nov. 10-26 }
Month day year

8. FATHER
Full name Robert Hubbard

14. MOTHER
Full maiden name Clara Knudson

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

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

10. Color or race White

16. Color or race White

11. Age at last birthday 36 (Years)

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Arizona
(State or country)

18. Birthplace (city or place) Arizona
(State or country)

13. Occupation
Nature of industry Electric welder

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child hereon certified and including this child.)
(a) Born alive and now living. _____
(b) Born alive but now dead. _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:45 P.M. on the date above stated.
(Born alive stillborn)

Signature D. L. Gustafson
(Physician or midwife)
Address Mogalev Ariz

Given name added from a supplemental report _____
Month, day, year. _____ Filed 12/2 1926 Chas. Haddy Local Registrar.

Registrar. _____ County Registrar.

184-1110-325