

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 158  
 Registered No. 75

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Irma Dorothy Fellows { 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 Dec 15 1926  
 Month Day Year

**8. FATHER**  
 Full name George Fellows

**14. MOTHER**  
 Full maiden name Della Elben Barker

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

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 If non-resident, give place and state.

10. Color or race White

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 17. Age at last birthday 26 (Years)

11. Age at last birthday 34 (Years)  
 12. Birthplace (city or place) Tempe  
 (State or country) Arizona

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

13. Occupation Dick Foreman  
 Nature of Industry

19. Occupation House Wife  
 Nature of Industry

20. Number of children of this mother 1  
 (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 \_\_\_\_\_  
 (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 \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated  
(Born alive ~~or~~ stillborn.)

Signature Charles R. Huels  
 (Physician or midwife)

Address Hayden Ariz

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed Dec 18 1926  
 Registrar

962-1215-429

\* 1. - 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.