

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.

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

State File No. 127
Registered No. 6

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

Marguerite Anna Steffy (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY in event of plural births.
Female

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate

Yes

7. Date

of birth Feb 3 1928
Month Day Year

8. FATHER

Full name

George Lafayette Steffy

14. MOTHER

Full maiden name

Florence Gilkey

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Hayden

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Hayden

10. Color or race

White

11. Age at last birthday 24 (Years)

16. Color or race

White

17. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

Bradford Penn

18. Birthplace (city or state)

(State or country)

Portland Or

13. Occupation

Nature of industry

Stenographer

19. Occupation

Nature of industry

House wife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child).

2

(a) Born alive and now living 2

(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.

* 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

Charles B. Hurst M.D.

(Physician or Midwife)

Given name added from a supplemental report

Month, day, year

Address

Hayden Arizona

Filed

Feb 6 1928

1928

W. B. Pugh

Registrar.

Registrar.

428-203-678