

supplement attached

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

State _____
Registered _____

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 Valma Rose Van Hoose (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 Feb 7 1928
Month Day Year

8. FATHER Full name Erett Van Hoose

14. MOTHER Full maiden name Anna Dean

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

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

10. Color or race White

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11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Chim Hill
(State or country) Kentucky

17. Age at last birthday 7 (Years)
18. Birthplace (city or state) Carrollton
(State or country) Tenn.

13. Occupation Machinist
Nature of industry _____

19. Occupation House wife
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 _____ at 9:45 A.M. on the date above stated.
(Born alive or stillborn)

* 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 H. Heston

Given name added from a supplemental report _____ Address Hayden Arizona
Month, day, year _____ (Physician or midwife)

Filed Feb 10th 1928 W. J. Dack
Registrar. Registrar.

155-207-183

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.