Given names added by supplement AR

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Maricopa
District of Buckeye Ariz
Town of Liberty
or ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 258
County Registrar No. .....
Local Registrar No. 5

2. Full name of child Luther Louis Hazelton — If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male — 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 2-2-28 (Month day year)

FATHER

8. Full name Will E. Hazelton
9. Residence (Usual place of ~~abode~~) Liberty Ariz
If nonresident, give place and state
10. Color or race White
11. Age at last birthday 21 (Years)
12. Birthplace (city or place) Ariz
(State or country)
13. Occupation Farmer
Nature of industry

MOTHER

14. Full maiden name Alta Duke
15. Residence (Usual place of ~~abode~~) Liberty Ariz
If nonresident, give place and state
16. Color or race White
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Ariz
(State or country)
19. Occupation
Nature of industry House

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 at 4 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 evidences of life after birth.

Signature [signature] (Physician or midwife)
Address Buckeye Ariz

Given name added from a supplemental report ..... Month, day, year.

Filed 2-5-, 1928 [signature] Local Registrar.

Filed ....., 19.. ..... County Registrar.

..... Registrar

385-202-145

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

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.