

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 165

Registered No. 24

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 Elaine Moon (If child is not yet named, make supplemental report as directed.)

3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other..... 6. Legitimate? Yes

7. Date of birth Mar 27 1928 Month Day Year

5. No., in order of birth.....

8. FATHER Full name Harold Moon

14. MOTHER Full maiden name Marie Magnusson

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

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10. Color or race White 11. Age at last birthday 30 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) (State or country) Chihuahua Mex

18. Birthplace (city or state) (State or country) Mesa Arizona

13. Occupation Nature of industry Copper Mill

19. Occupation Nature of industry Housewife

20. Number of children of this mother..... (a) Born alive and now living... 2 (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 8 15 at 11 A.M. on the date above stated.

Signature Charles R. Huestis MD (Physician or midwife)

Given name added from a supplemental report..... Address Hayden Arizona

Month, day, year.....

Filed Mar 31 1928 Registrar.

Registrar. 545-327-445