

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of.....

Town of.....

or

City of Christmas

BUREAU OF VITAL STATISTICS

State Index No. 144

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. ....

Local Registrar No. ....

2. Full name of child Billie Wayne Blendenn

If child is not yet named, make supplemental report, as directed.

3. Sex of Child M 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 4-20-28  
Month Day Year8. Roy Ernest Blendenn FATHER Full name 14. Verlin Margaret MOTHER Full maiden name9. Residence Christmas, Ariz. (Usual place of abode) If non-resident, give place and state. 15. Residence Christmas (Usual place of abode) If non-resident, give place and state.10. Color or race M 11. Age at last birthday 34 (Years) 16. Color or race M 17. Age at last birthday 24 (Years)12. Birthplace (city or place) Texas (State or country) 18. Birthplace (city or place) Texas (State or country)13. Occupation Mechanical Engineer Nature of industry 19. Occupation H.W. Nature of industry20. 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 2 (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 born alive at 6 P. 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 B. Hutton (Physician or Midwife)

Address.....

Given name added from a supplemental report Month, day, year Filed May 5, 1928 P. G. Hutton Local Registrar.

Registrar

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

235-720-574