

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

State File No. 139  
Registered No. 82

1. PLACE OF BIRTH

County Kilgus State Arizona  
District or Township Keoak or Village \_\_\_\_\_  
City Keoak No. Blake Addition Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harold Melvin Birtcher (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 \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth May 13-1928  
Month Day Year

8. FATHER  
Full name F. Franklin Birtcher  
9. Residence (Usual place of abode) Keoak, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race white  
11. Age at last birthday 40 (Years)  
12. Birthplace (city or place) West Virginia  
(State or country)  
13. Occupation  
Nature of industry machinist

14. MOTHER  
Full maiden name Coral Youngren  
15. Residence (Usual place of abode) Keoak, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race white  
17. Age at last birthday 34 (Years)  
18. Birthplace (city or place) Salt Lake City, Utah  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(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 5:45 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 G. E. Wightman M.D.  
Box 1444  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Keoak, Arizona

Month, day, year \_\_\_\_\_  
Filed 6/8 1928 G. E. Wightman M.D.  
Registrar Registrar

829-513-385