

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Hayden
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
County Registrar No. _____
Local Registrar No. 38

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Hale Edwards 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. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth 6-3-28
Month day year

8. FATHER Full name Frank W. Edwards

14. MOTHER Full maiden name Florence P. Turner

9. Residence (Usual place of abode) Hayden
If nonresident, give place and state

15. Residence (Usual place of abode) Hayden
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 40 (Years)

16. Color or race White 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) (State or country) New York

18. Birthplace (city or place) (State or country) Calif.

13. Occupation Nature of industry Painter

19. Occupation Nature of industry H. W.

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 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 2:15 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 evidences of life after birth. Signature H. R. Winalow (Physician or midwife) Address Hayden, Ariz.

Given name added from a supplemental report _____ Filed June 6 1928 W. R. Paul Local Registrar.

Month, day, year. _____ Filed _____ County Registrar.

552-603-639