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

1. County of Gila

District of

Town of Copper Hill, Ariz.

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174

County Registrar No. 99

Local Registrar No. .....

2. Full name of child Audrey May Henderson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Female

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: June 20, 1928 (month, day, year)

8. FATHER

Full name: Ralph Sturges Henderson

9. Residence (Usual place of abode): Copper Hill, Ariz.

If nonresident, give place and state

10. Color or race: White

11. Age at last birthday: 22 (Years)

12. Birthplace (city or place): Globe, (State or country): Arizona

13. Occupation: Miner

Nature of industry: Miner

14. MOTHER

Full maiden name: Nancy Endora Jones

15. Residence (Usual place of abode): Copper Hill, Ariz.

If nonresident, give place and state

16. Color or race: White

17. Age at last birthday: 18 (Years)

18. Birthplace (city or place): Plyas, (State or country): New Mexico

19. Occupation: Housewife

Nature of industry: Housewife

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: One
(b) Born alive but now dead: None
(c) Stillborn: None

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 (Born alive or stillborn.) at 12:45 p.m. on the date above stated.

*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: T. C. Harper (Physician or ~~midwife~~)

Address: Globe, Arizona

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

Filed ....., 19.....

Local Registrar.

Registrar.

Filed 7/9, 1928

County Registrar.

185-620-512