

NAME ADDED BY SUPPLEMENT

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Graham  
 District of Safford  
 Town of Thatcher  
 or  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 204  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 136

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

2. Full name of child Max Gilbert Hancock  
 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. \_\_\_\_\_  
 5. No., in order of birth. \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth 6 / 1 / 28  
 Month day year

8. FATHER  
 Full name Westphal Hancock  
 9. Residence (Usual place of abode) Thatcher  
 If nonresident, give place and state \_\_\_\_\_  
 10. Color or race White  
 11. Age at last birthday 19 (Years)  
 12. Birthplace (city or place) Phoenix  
 (State or country) Ariz.  
 13. Occupation Laborer  
 Nature of industry Farm

14. MOTHER  
 Full maiden name Leora Ella Albrecht  
 15. Residence (Usual place of abode) Thatcher  
 If nonresident, give place and state \_\_\_\_\_  
 16. Color or race White  
 17. Age at last birthday 18 (Years)  
 18. Birthplace (city or place) Thatcher  
 (State or country) Ariz.  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

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 1  
 (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 7 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 evidences of life after birth.  
 Signature W. Langdon Physician  
 Address Safford, Arizona

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed \_\_\_\_\_, 19\_\_\_\_  
 Registrar. \_\_\_\_\_  
 Filed July 8, 1928 J. N. Shaffer  
 Local Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

442-1001-214  
 H. B. G.

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.

