

In case of more than one child at birth, a separate return shall be made for each, and the number of each order of birth stated.

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

State File No. 113
Registered No. 117

1. PLACE OF BIRTH

County Kila State Arizona
District or Township Keope or Village _____
City Keope No. 858 South St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harry Riston Fay { 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 _____ 7. Date of birth July 3, 1928
Month Day Year

8. FATHER
Full name Chas. Frederick Fay

14. MOTHER
Full maiden name Wilma Riston

9. Residence (Usual place of abode) Keope
If non-resident, give place and state. Arizona

15. Residence (Usual place of abode) Keope
If non-resident, give place and state. Ariz.

10. Color or race White
11. Age at last birthday 45 (Years)

16. Color or race White
17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Monticello
(State or country) Missouri

18. Birthplace (city or place) Crookston Minn
(State or country) _____

13. Occupation
Nature of industry Auto Salesman

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2
(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? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 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 H. E. Wightman, M.D.
Physician, Keope Arizona
(Physician or midwife)

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

Address _____

Registrar _____

Filed 8/6 1928 H. E. Wightman, M.D.
Registrar

868-703-695