

... 3. - 11 cases of more than one child at a birth, a SEPARATE RETURN must be made for each, and number of children in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 157
Registered No. _____

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Payson or Roosevelt No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Kendrick Le Roy Tucker (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

No., in order of birth 2

6. Legitimate?

Yes

7. Date of birth

July 18 28
Month Day Year

8. FATHER

Full name

Roy Tucker

14. MOTHER

Full maiden name

Georgia Conway

9. Residence

(Usual place of abode)

Roosevelt

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Roosevelt

If non-resident, give place and state.

10. Color or race

W

11. Age at last birthday 36 (Years)

16. Color or race

W

17. Age at last birthday 30 (Years)

12. Birthplace (city or place)

(State or country)

Arizona

18. Birthplace (city or place)

(State or country)

Arizona

13. Occupation

Nature of industry

Cowman

19. Occupation

Nature of industry

Homemaker

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

2

(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 Payson 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 evidence of life after birth.

Signature [Signature]

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Payson Ariz

Filed [Signature]

Registrar

Registrar

239-718-738