

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Young

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 160

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. _____

No. _____ St. _____ Ward _____

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

2. Full name of child May Alyene Zellner (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 _____ 6. Legitimate? yes 7. Date of birth July 19, 19285. No., in order of birth _____ Month July Day 19 Year 19288. FATHER
Full name Daniel Garrett Zellner14. MOTHER
Full maiden name Elizabeth Foster9. Residence (Usual place of abode) Young, Ariz.
If nonresident, give place and state15. Residence (Usual place of abode) Young, Ariz.
If nonresident, give place and state10. Color or race White 11. Age at last birthday 35 (Years)16. Color or race White 17. Age at last birthday 28 (Years)12. Birthplace (city or place) Texas
(State or country)18. Birthplace (city or place) Okla
(State or country)13. Occupation Farmer
Nature of industry19. Occupation Housewife
Nature of industry20. 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 5 (b) Born alive but now dead 2 (c) Stillborn _____ 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 12:40 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 evidence of life after birth.

Signature Mrs. Frances Hornmel
(Physician or midwife)Address Young, Ariz.Given name added from a supplemental report _____
Month, day, year. _____
Filed July 20, 1928 Ola Young
Local Registrar.Filed _____ 19 _____
County Registrar.

Registrar.

499-719-569

... be made for each, ... in. ...
... in case of more than one child at a birth, a SEPARATE RETURN ... in order of birth stated.
N. B.—in case of more than one child at a birth, a SEPARATE RETURN ... in order of birth stated.