

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

State File No. 177
 Registered No. 332

1. PLACE OF BIRTH

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

2. Full name of child Edna Nell Burch (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child T 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 7 24 28
 Month Day Year

8. FATHER
 Full name Harry E. Burch
 9. Residence (Usual place of abode) Claypool
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Winford Courden
 15. Residence (Usual place of abode) Claypool
 If non-resident, give place and state.

10. Color or race W. Amn
 11. Age at last birthday 24 (Years)

16. Color or race W. Amn
 17. Age at last birthday 17 (Years)

12. Birthplace (city or place) New Mex
 (State or country)

18. Birthplace (city or place) Tex
 (State or country)

13. Occupation Miner
 Nature of industry

19. Occupation HW
 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 _____
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was plus at 4:45 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 D. A. Perkins
 (Physician or midwife)

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

Filed July 27, 1928 C. E. Drinn
 Registrar

Registrar

528-774-635

each in

RETURN

and

a case of more than

order of birth stated.