

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.

PLACE OF BIRTH

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

1. County of No. 10
District of Linden
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 502
Co. Registrar No. _____
Local Registrar No. 12

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

2. Full name of child Geraldine Gardner } 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. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Aug 19 1928 (Month, day, year)

8. FATHER Full name William Clark Gardner
9. Residence (Usual place of abode) Linden Ariz
If nonresident, give place and State
10. Color or race white
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Woodruff Ariz
(State or country)
13. Occupation Farmer
Nature of Industry

14. MOTHER Full maiden name Martha Alice Willis
15. Residence (Usual place of abode) Linden Ariz
If nonresident, give place and State
16. Color or race white
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Shumway Ariz
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 AM 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 Etta Rogers (nearest neighbor)
(Physician or midwife)

Address _____

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

Filed Sept. 4, 1928 Etta Rogers
Local Registrar.

Filed _____, 19 _____
County Registrar.

Registrar.

779-819-46