

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of cases in order of birth stated.

PLACE OF BIRTH

1. County of Gila

ARIZONA STATE BOARD OF HEALTH

District of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 1625

Town of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

or

Local Registrar No. 60

City of Hayden

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

2. Full name of child William Stanley Millspaugh

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 \_\_\_\_\_

6. Legitimate? Yes

7. Date of birth Sept 19, 1928  
Month day year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name James Haffis Millspaugh

14. MOTHER  
Full maiden name Daphne Cook

9. Residence (Usual place of abode) Hayden  
If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Hayden  
If nonresident, give place and state \_\_\_\_\_

10. Color or race White

11. Age at last birthday 30 (Years)

16. Color or race White

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Chester  
(State or country) New York

18. Birthplace (city or place) Parramatta  
(State or country) New York

13. Occupation Chemist  
Nature of industry \_\_\_\_\_

19. Occupation House Wife  
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 2  
(b) Born alive but now dead \_\_\_\_\_  
(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 \_\_\_\_\_ at 3:30 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 evidences of life after birth.

Signature Charles Huestis M.D.  
(Physician or midwife)  
Address Hayden, Arizona

Given name added from a supplemental report \_\_\_\_\_

Filed Sept 22, 1928 \_\_\_\_\_  
Local Registrar.

Registrar. \_\_\_\_\_

Filed \_\_\_\_\_ 19\_\_\_\_  
County Registrar.

648-919-432