

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

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 178

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

ORIGINAL CERTIFICATE OF BIRTH

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

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

Local Registrar No. \_\_\_\_\_

or  
City of Winkelman

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

2. Full name of child

Betty Lona Laman

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

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

7. Date

of birth

Sept 27 1925

Month

day

year

8. FATHER

Full name

Albert Laman

9. Residence

(Usual place of abode)

If nonresident, give place and state

Winkelman

14. MOTHER

Full maiden name

Jessie Hooper

15. Residence

(Usual place of abode)

If nonresident, give place and state

Winkelman

10. Color or race

White

11. Age at last birthday

34

(Years)

16. Color or race

White

17. Age at last birthday

42

(Years)

12. Birthplace (city or place)

(State or country)

Bosky Co. Texas

18. Birthplace (city or place)

(State or country)

Conn

Ark.

13. Occupation

Nature of industry

Farmer  
Road Gang

19. Occupation

Nature of industry

House Wife

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

7

0

0

21. Were precautions taken against oph-

(thalmia neonatorum?)

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ 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 B. Hunsaker

(Physician or midwife)

Address

Hayden, Ariz.

Given name added from a supplemental report

Month, day, year.

Filed

Jan 8, 1925

Local Registrar.

Filed

19

County Registrar.

Registrar.

235-927-185