

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 Winkelman
City of _____

(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

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

Female

5. No., in order of birth

Yes

Sept 27 1925
Month day year

8. FATHER

14. MOTHER

Full name Salbert Laman

Full maiden name Jessie Hooper

9. Residence (Usual place of abode) Winkelman

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If nonresident, give place and state

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10. Color or race

16. Color or race

White

11. Age at last birthday 34 (Years)

White

17. Age at last birthday 42 (Years)

12. Birthplace (city or place)

18. Birthplace (city or place)

(State or country) Berky Co. Texas

(State or country) Ark.

13. Occupation

19. Occupation

Nature of industry Road Gang

Nature of industry House Wife

20. Number of children of this mother

(a) Born alive and now living 7

21. Were precautions taken against ophthalma neonatorum?

(Taken as of time of birth of child herein certified and including this child.)

(b) Born alive but now dead 0

(c) Stillborn 0

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9:30 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, 1926

Local Registrar.

Registrar.

Filed

19

County Registrar.

235-927-185