

N. B.—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

ARIZONA STATE BOARD OF HEALTH

1. County of Pinal

BUREAU OF VITAL STATISTICS

State Index No. 620

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 186

Town of Flouner

Local Registrar No. _____

or

City of _____ No. Pinal Co. Hospital St. _____ Ward) _____

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

2. Full name of child Bernice Ann Weaver } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Oct. 18 - 1928</u> (Month, day, year)
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8. FATHER
Full name Alva Leon Weaver

14. MOTHER
Full maiden name Elva Bernice Whitlow ^{Whitlow}

9. Residence (Usual place of abode)
If nonresident, give place and State Flouner Ariz.

15. Residence (Usual place of abode)
If nonresident, give place and State Flouner Ariz.

10. Color or race White

16. Color or race White

11. Age at last birthday 27 (Years)

17. Age at last birthday 24 (Years)

12. Birthplace (city or place)
(State or country) Casa Grande Ariz.

18. Birthplace (city or place)
(State or country) Tempe Ariz.

13. Occupation
Nature of Industry Deputy County Treasurer

19. Occupation
Nature of Industry Housewife

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 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:40 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 Geo. F. Chapman M.D.
(Physician or midwife)

Address Flouner Ariz.

Given name added from a supplemental report _____ Filed 10-30, 1928 Chapman Local Registrar.

(Month, day, year)

Filed _____, 19____ County Registrar.

Registrar.

County Registrar.

267-1018-565