

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 564  
Registered No. 101

**1. PLACE OF BIRTH**

County Pima State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City AJO No. New Cornelia Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Beatrice Dunn { 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 <u>born</u>	5. No., in order of birth <u>2</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov 16 - 1928</u> Month Day Year
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8. FATHER  
Full name George Dunn

14. MOTHER  
Full maiden name Laura Hill

9. Residence (Usual place of abode) AJO  
If non-resident, give place and state. Arizona

15. Residence (Usual place of abode) AJO  
If non-resident, give place and state. Arizona

10. Color or race white

16. Color or race white

11. Age at last birthday 45 (Years)

17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Texas  
(State or country)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas

13. Occupation  
Nature of industry Copper Mining Co

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 13  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1  
(b) Born alive but now dead 12  
(c) Stillborn \_\_\_\_\_

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 Born Alive at 4:30 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 evidence of life after birth.

Signature J. D. Wood  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Ajo, Ariz.  
Filed Dec 4, 1928 John S Wood  
Registrar

Registrar

215-1116-383