

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

State File No. 149
 Registered No. 239

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. Gila County Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hazel Clara Lundquist If child is not yet named, make supplemental report, as directed.

3. Sex of Child f. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes
 5. No., in order of birth 1 7. Date of birth Dec 16 1928
Month Day Year

8. FATHER
 Full name Garry E. Lundquist

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

10. Color or race w. 11. Age at last birthday 46 (Years)

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

13. Occupation Engineer
 Nature of industry

14. MOTHER
 Full maiden name Alice Weisbeck

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

16. Color or race w. 17. Age at last birthday 40 (Years)

18. Birthplace (city or place) Colorado
 (State or country)

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 8
 (b) Born alive but now dead _____
 (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 11 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 R. D. Kennedy

 (Physician or midwife)

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Registrar _____ Filed 1/4 1929 H. E. Lichtenman Registrar

BIRTH
 DEATH
 ZONA
 IDENT
 993
 993

833-1216-162