

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. 165  
 Registered No. 70

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Warrior Riding or Village \_\_\_\_\_  
 City Miami No. 30 Globe St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patrick William Fulcher { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth January 21, 1929  
 Month Day Year

13. FATHER  
 Full name Jay Scott Fulcher

14. MOTHER  
 Full maiden name Edith Angela O'Connell

8. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Box 58

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

9. Color or race white 11. Age at last birthday 48 (Years)

16. Color or race white 17. Age at last birthday 38 (Years)

10. Birthplace (city or place) Farmington  
 (State or country) New Mexico

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

Occupation Shop labor foreman  
 Nature of industry Copper mine

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

Number of children of this mother 5 (a) Born alive and now living 4  
 taken as of time of birth of child herein (b) Born alive but now dead 1  
 notified and including this child). (c) Stillborn 0 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 alive at 9 A. 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. J. Miller  
 (Physician or midwife)

Month, day, year Jan 21 1929 Address Miami, Arizona  
 Registrar. Filed Jan 21 1929 Registrar.