

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

119
State File No. 156
Registered No. 156

1. PLACE OF BIRTH

County Yuma State Arizona
District or Township _____ or Village _____
City Meani No. Buller Plaza St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bonnie June Hull { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth April 5-1929
Month Day Year

8. FATHER
Full name Edgar Charles Hull

14. MOTHER
Full maiden name Artie Branam

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

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

10. Color or race White 11. Age at last birthday 21 (Years)

16. Color or race White 17. Age at last birthday 18 (Years)

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

18. Birthplace (city or place) Safford Arizona
(State or country)

13. Occupation mechanic
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother 1 (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 _____ (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 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 Charles E. Jones
(Physician or midwife)

Given name added from a supplemental report _____ Address Meany Arizona
Month, day, year _____
Registrar Apr 15 29 Registrar

283-405-124