

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

State File No. 417
 Local Registrar's No. 7

1. PLACE OF BIRTH

County Maricopa State Arizona
 District or Township _____ or Village Hickmanburg Ariz
 City _____ No. at Mrs Wilson's Home Center St Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number
 If child is not yet named, make supplemental report, as directed.)

2. Full name of child Pauline Beth George

3. Sex of Child girl To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth 4-21-25
 Month Day Year

FATHER

Full name Ray R. George
 9. Residence (Usual place of abode) Deming
 If non-resident, give place and state. Arizona
 10. Color or race White
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) New Mexico
 (State or country)
 13. Occupation Stock raiser
 Nature of industry raise goats

MOTHER

Full maiden name Cassie Walker
 15. Residence (Usual place of abode) New Arizona
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Blondyke
 (State or country) Arizona
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother One (a) Born alive and now living One
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
 (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 6:20 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.A. Deland

 _____ (Physician or midwife)
 Address Hickmanburg Ariz
 Filed 4/27 1925 J.A. Deland
 Registrar

775-421-367

MARGIN RESERVED FOR BINDING
 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.