

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

State File No. 165  
 Registered No. 8

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village Pine  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Clyde Ellwood Hunsaker (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.)

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth 4 7. Date of birth 7-17-29  
 Month Day Year

8. FATHER  
 Full name E. E. Hunsaker  
 9. Residence (Usual place of abode) Pine  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Ruth H. Randall  
 15. Residence (Usual place of abode) Pine  
 If non-resident, give place and state.

10. Color or race White  
 11. Age at last birthday 25 (Years)

16. Color or race White  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mesa, Ariz.  
 (State or country)

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

13. Occupation Merchant  
 Nature of industry

19. Occupation H.W.  
 Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 1  
 (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 alive at 8 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 Carlos G. Patten, M.D.  
Payson,  
 (Physician or Midwife).

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year  
Frank C. Randall  
 Registrar

Address \_\_\_\_\_  
 Filed Aug 10, 1929 Frank C. Randall  
 Registrar