

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

1929


PLACE OF BIRTH

County Yuma State Arizona

District or Township _____ or Village _____

City _____ No. _____ St. _____ Ward _____

Full name of child David Irene Gilbert (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.)

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 July 26 1929 Month Day Year

FATHER
 Full name Jud Lu Gilbert

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

Color or race White 11. Age at last birthday 23 (Years)

Birthplace (city or place) Columbia Tenn
 (State or country)

Occupation Drag line Op.
 Nature of industry Smelter (Copper)

Number of children of this mother _____ (a) Born alive and now living 4
 Known as of time of birth of child herein (b) Born alive but now dead 1
 (c) Stillborn 0
 (Including this child.)

MOTHER
 Full maiden name Eva Belle Furman

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

Color or race White 17. Age at last birthday 27 (Years)

Birthplace (city or place) Yadkin Ala.
 (State or country)

Occupation House wife
 Nature of industry _____

21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) _____ on the date above stated.

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.

Signature Charles B. Hunt

Address Hayden Arizona (Physician or Registrar)

Month, day, year _____
 Registrar M. B. Paul

Filed July 27, 1929
473-726-545