

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pinal
 District of Coolidge
 Town of _____
 or

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 644
 Co. Registrar No. _____
 Local Registrar No. 241

City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Hall } 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. _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth July 20 - 1929 (Month, day, year)

8. FATHER
 Full name Henry C. Hall
 9. Residence (Usual place of abode) Coolidge, Ariz
 If nonresident, give place and State
 10. Color or race white
 11. Age at last birthday 41 (Years)

14. MOTHER
 Full maiden name Mona D. McConnell
 15. Residence (Usual place of abode) Coolidge, Ariz
 If nonresident, give place and State
 16. Color or race white
 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) (State or country) Kansas
 13. Occupation Rancher
 Nature of Industry

18. Birthplace (city or place) (State or country) Kansas
 19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:40 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 Mrs. Luba Strickland
 (Physician or midwife)

Address Coolidge, Ariz

Given name added from a supplemental report _____
 (Month, day, year)

Filed July 25, 1929 Dr. Lewis, M.D.
 Local Registrar.

Filed _____, 19____ County Registrar.

Registrar.

183-720-543