

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 169

Registered No. 9

1. PLACE OF BIRTH

County Gila State Ariz

District or Township _____ or Village Prine

City _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gabriel Keith Burns (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 _____ 6 Legitimate? yes 7. Date of birth 8 / 10 / 1929
 5. No., in order of birth 1st Month Day Year

8. FATHER Full name G. G. Burns

14. MOTHER Full maiden name Irene Fuller

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

15. Residence (Usual place of abode) Prine Ariz
 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 31 (Years)

12. Birthplace (city or place) N. Carolina
 (State or country)

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

13. Occupation Construction
 Nature of industry worker

19. Occupation H.W.
 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 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 born alive at 11:30 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 [Signature]

 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
Ronald C. Randall
 Registrar

Address Prine Ariz
 Filed Sept 11, 1929 Ronald C. Randall
 Registrar

725-810-969