

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.

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

State File No. 139

Local Registrar's No. \_\_\_\_\_

1. PLACE OF BIRTH

County Yuma State \_\_\_\_\_

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Winkelman

(If birth occurred in a hospital or institution, give its NAME instead of street and number. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. Full name of child Joyce Victor

(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? Yes

7. Date of birth Aug 9 1929  
 Month Day Year

5. No., in order of birth \_\_\_\_\_

FATHER  
 Full name Roy Victor  
 Residence Winkelman  
 If non-resident, give place and state.

MOTHER  
 Full maiden name Hortense Daly  
 Residence Winkelman  
 If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 30 (Years)

16. Color or race White

17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Marioneth  
 (State or country) Arizona

18. Birthplace (city or place) Geach  
 (State or county) Arizona

13. Occupation Rancher  
 Nature of industry \_\_\_\_\_

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4  
 (b) Born alive but now dead 2  
 (c) Stillborn 0

21. Were precautions taken against epidemic 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) \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ P.M. on the date above stated.

\*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 Charles Hurst

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Hayden Ariz

Registrar \_\_\_\_\_

Filed Oct 29 1929 P. J. Hutton  
 Registrar

115-909-848