

in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Payson
District of Palestine
Town of Pine Top
or
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 564
County Registrar No. _____
Local Registrar No. _____

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

2. Full name of child Mildred Louise Adair } 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. _____ }
5. No., in order of birth _____ } yes } 6. Legitimate? }
7. Date of birth Dec 16, 1930
Month day year

8. FATHER
Full name D. Clemence Adair
9. Residence Pine Top, Ariz.
(Usual place of abode)
If nonresident, give place and state

14. MOTHER
Full maiden name Violet Packer
15. Residence Pine Top, Ariz.
(Usual place of abode)
If nonresident, 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 28 (Years)

12. Birthplace (city or place) Pine Top, Arizona
(State or country)

18. Birthplace (city or place) Pine Top, Ariz.
(State or country)

13. Occupation
Nature of industry Lumberman

19. Occupation
Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 6
(Taken as of time of birth of child herein } (b) Born alive but now dead 1
certified and including this child.) } (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 Born alive at 8:30 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 evidences of life after birth.
Given name added from a supplemental report _____
Signature Louella E. Hansen (Physician or midwife)

Address Palestine, Arizona
Filed Dec 31, 1930 John P. Fuchs
Month, day, year. Local Registrar.

Registrar. 419-1216-579 Filed _____ 19 _____ County Registrar.