

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 566
Registered No. 395

1. PLACE OF BIRTH

County Pima State Arizona

District or Township _____ or Village _____

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

2. Full name of child Frank Wilbur Hull } If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>Yes</u>	7. Date of birth <u>4-29-31</u>
<u>Male</u>		5. No., in order of birth.....		Month Day Year

8. FATHER
Full name Norman S. Hull

9. Residence P. O. Box # 1951
(Usual place of abode) Tucson, Ariz.
If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Seattle
(State or country) Washington

13. Occupation Att'y. at Law
Nature of Industry _____

14. MOTHER
Full maiden name Pauline Kitt

15. Residence P. O. Box # 1951
(Usual place of abode) Tucson, Ariz.
If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 24 (Years)

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

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother..... 2 } (a) Born alive and now living..... 2
(Taken as of time of birth of child herein } (b) Born alive but now dead.....
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 8:15 A.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 _____ Address Santa Rita Hotel Bldg. So. Scott.

Registrar Dr. A. N. Crow
Filed May 11, 1931 Registrar.

683-429-723