

Supplement Attached

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

State File No. *599a*
Registered No. *151-*

1. PLACE OF BIRTH
County *Pima* State *Arizona*
District or Township _____ or Village _____
City *Tucson* No. *St Marys Hospital* St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Stanley Kitt Hull*
(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.*
5. No., in order of birth _____ 7. Date of birth *2 19 29*
Month Day Year

8. FATHER
Full name *Norman Hull*

14. MOTHER
Full maiden name *Pauline Kitt*

9. Residence (Usual place of abode) *721 N. Olsen Tucson Ariz.*
If non-resident, give place and state.

15. Residence (Usual place of abode) *Same.*
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 *22* (Years)

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

18. Birthplace (city or place) _____
(State or country) *Ariz*

13. Occupation
Nature of industry *Attorney*

19. Occupation
Nature of industry *Housewife*

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 *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 *6:15 P.m.* on the date above stated.
(Born alive or stillborn)

Signature *Geo. W. Purcell*
Physician (Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____ Address *Tucson, Arizona*

Registrar _____ Filed *3/18* 19*29* *Edwin Hemen* Registrar.

283-219-723

order STATE RETURN must be made for each, and the number of order of birth stated.

RECORD