

1685

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 109

1. PLACE OF BIRTH

County Cocoonino State Arizona

District or Township Fredonia or Village Fredonia

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 Hermione Pratt { 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 _____ 6. Legitimate? yes 7. Date of birth June 5 1893 Month Day Year

8. FATHER Full name Louise Pratt Sr

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

10. Color or race white 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Salt Lake (State or country) Utah

13. Occupation Nature of industry Stockman

14. MOTHER Full maiden name Frances Theobald

15. Residence (Usual place of abode) Fredonia If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Salt Lake (State or country) Utah

19. Occupation Nature of industry Housewife

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 9 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at _____ 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 Frances Pratt (Physician or midwife)

Address Fredonia Arizona

Filed Dec 29, 1935 Lucy Griffiths Registrar

Given name added from a supplemental report _____ Month, day, year

Registrar