

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.

PLACE OF BIRTH

1. County of Cochise
District of _____
Town of _____
or _____
City of Douglas

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 68
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Tellen Louise Thompson
3. Sex of Child Female
4. Twin, triplet or other. _____
5. Legitimate? Yes
6. Date of birth Oct 27-1927
7. If child is not yet named, make supplemental report, as directed.

8. FATHER
Full name Alexander James Thompson
9. Residence Worcester, Mass
10. Color or race White
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Lauriel Bluff
(State or country) N Carolina
13. Occupation Cattle Rancher
Nature of industry _____

14. MOTHER
Full maiden name Maryann Ewaldson Williams
15. Residence Worcester, Mass
16. Color or race White
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Cripple Creek
(State or country) Col.
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 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 Worcester, Mass 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 P. Plackman
Address Worcester, Mass
Filed 11-25 1927
Local Registrar James

Registrar. _____ Filed _____ 19____ County Registrar.

535-1027-462