

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 33
Registered No. 356

1. PLACE OF BIRTH

County Cochise State Arizona
District or Township Bisbee or Village _____
City Bisbee No. Casinet + Arizona Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hugh Langtree Mosse, Jr. { 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 1 6. Legitimate? Yes
5. No., in order of birth 1 7. Date of birth Oct. 9, 1928
Month Day Year

8. FATHER
Full name Hugh Langtree Mosse
9. Residence Lowell, Arizona
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Iola Nance
15. Residence Lowell, Arizona
(Usual place of abode)
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 32 (Years)

16. Color or race White
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Herr County, Texas
(State or country)

18. Birthplace (city or place) Vance, Texas
(State or country) Edwards County

13. Occupation Clerk
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 } (a) Born alive and now living 1
(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 3:30 p.m. on the date above stated

* 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 Edna Stone Darragh
Box 1177 - Bisbee, Arizona
(Physician or Midwife)

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

Registrar 11-8-1928 R.B. Darragh Registrar

845-1009-955

WRITE PLAINLY WITH UNFADING INK—THIS more than one child at a birth, a SEPARATE RETURN for each child.