SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH.

State File No. 115

Registered No. 15

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Hayden No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Walter Harry Bouse { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? Yes | 7. Date of birth Feb 6 1927 (Month Day Year)

8. FATHER

Full name Floyd Bouse

9. Residence (Usual place of abode) Hayden

If non-resident, give place and state Arizona

10. Color or race White | 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Webb City

(State or country) Mo.

13. Occupation Converter Skimmer

Nature of industry Copper Smelter

14. MOTHER

Full maiden name Mary Herring

15 Residence (Usual place of abode) Hayden

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Florence

(State or country) Arizona

19. Occupation House Wife

Nature of industry

20. Number of children of this mother 2

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(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 ~~or stillborn~~.) at 10 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 Charles B Huston MD

Hayden Arizona (Physician or midwife).

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

Address .....

Registrar

Filed Feb 9, 1927 W B Nash Registrar

625-206-487

—In case of 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.