

If more than one child of same name is born in order of birth stated.

*Bob lived only 1 1/2 days.
Premature birth (7 mo pregnancy)*

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139

District of _____

Town of _____

County Registrar No. _____

or Globe

Local Registrar No. 25

City of _____

No. 308 So. First St.

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

2. Full name of child Donna Valonia Payne

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date of birth Feb 12 1927
Month day year

F

5. No. in order of birth _____

8. FATHER
Full name James H. Payne

14. MOTHER
Full maiden name Donna May Robinson

9. Residence (Usual place of abode)
If nonresident, give place and state Globe

15. Residence (Usual place of abode)
If nonresident, give place and state Globe

10. Color or race
W.

11. Age at last birthday 43 (Years)

16. Color or race
White

17. Age at last birthday 33 (Years)

12. Birthplace (city or place) China Spring (near Texas)
(State or country) Texas

18. Birthplace (city or place) Lincoln County
(State or country) Arkansas

13. Occupation Salesman
Nature of industry Wholesale Grocery

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 3
(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 _____ at 2 A. 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 evidences of life after birth.

Signature Dr. W. Horst
(Physician or midwife)

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

Address Globe
Filed 2-28-27 1927 Dr. W. Horst
Local Registrar.

Registrar.

Filed _____ 19____

County Registrar.

475-212-495