

encl. and the number of each.

in order of birth stated.

N. B.—In case of more than one child at a birth, the name of each child should be written in order of birth stated.

PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105  
County Registrar No. 90  
Local Registrar No. 90

2. Full name of child Callie May Watson  
(If birth occurred in a hospital or institution give its NAME instead of street and number)  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth March 1, 1927  
Month day year  
If child is not yet named, make supplemental report, as directed.

5. FATHER  
Full name Henry L. Watson  
9. Residence (Usual place of abode) Miami Arizona  
If nonresident, give place and state  
10. Color or race White  
11. Age at last birthday 39 (Years)  
12. Birthplace (city or place) Alabama  
(State or country)  
13. Occupation Tramster  
Nature of industry

14. MOTHER  
Full maiden name Callie Johnson  
15. Residence (Usual place of abode) Miami Arizona  
If nonresident, give place and state  
16. Color or race White  
17. Age at last birthday 39 (Years)  
18. Birthplace (city or place) Mourve Co. Alabama  
(State or country)  
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 6 (b) Born alive but now dead 0 (c) Stillborn 0  
21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Ron Aly at 9:10 P (Born alive or stillborn.) 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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Signature Charles E. Drin M.D. (Physician or midwife)  
Address Miami Arizona  
Filed March 12, 1927 C. E. Drin Local Registrar

Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

365-301-315