

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 143  
 Registered No. 49

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Copper Hill or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ War \_\_\_\_\_

2. Full name of child Volley Wm Bradley Hudson  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
{ 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 3 11 27 }  
Month Day Year

8. FATHER  
 Full name Jasper Neyton Hudson

14. MOTHER  
 Full maiden name Myrtle Ruth Johnson

9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state Ariz.

15. Residence (Usual place of abode) Globe  
 If non-resident, give place and state Ariz.

10. Color or race white  
 11. Age at last birthday 43 (Years)

16. Color or race white  
 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Roswell New Mexico  
 (State or country)

18. Birthplace (city or place) Canby Oklahoma  
 (State or country)

13. Occupation  
 Nature of Industry laborer

19. Occupation  
 Nature of Industry House wife

20. Number of children of this mother 5  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (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 Born alive at 4:15 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 evidence of life after birth.

Signature C. W. Adams  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Globe, Arizona  
5-31 27 W. 1st St

Registrar \_\_\_\_\_

Filed 5-31 1927 Registrar \_\_\_\_\_

285-31-415