

IN CASE OF AN ORPHAN CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF CHILDREN MUST BE INDICATED IN ORDER OF BIRTH STATED.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cila

District of Winkelmann, Ariz.

Town of _____

or

City of ✓ _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Walter Patrick Puzan (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 1 6. Legitimate? Yes 7. Date of birth Mar. 17, 1927 Month Mar Day 17 Year 1927

8. FATHER Full name Austin Puzan

14. MOTHER Full maiden name Mary Castro

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

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

10. Color or face 1/2 white, 1/2 Mexican

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

12. Birthplace (city or place) Home Ranch, Pinal Co., Ariz. (State or country) Mammoth, Arizona

18. Birthplace (city or place) Pearce, Ariz. (State or country)

13. Occupation Nature of industry Farmer

19. Occupation Nature of industry House-wife

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 2 (b) Born alive but now dead 1 (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 Yes (Born alive ~~or stillborn~~) at 3 A .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 J. M. Butler (Physician or midwife)

Address Winkelmann, Ariz.

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

Filed April 17, 1927 Local Registrar.

Filed _____ 19____ County Registrar.

Registrar.

629 - 317 - 2136