

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Miami
or
City of Lower Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171
County Registrar No. _____
Local Registrar No. 116

No. Garden St (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
2. Full name of child Homer Walter Watson (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 _____ 0. Legitimate? Yes 7. Date of birth March 23 1927
Month Day Year

8. FATHER
Full name Homer Walter Watson
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Dan Angelo
(State or country) Texas
13. Occupation Cheffeur
Nature of industry

14. MOTHER
Full maiden name Mary Alice Blanchamp
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 33 (Years)
18. Birthplace (city or place) _____
(State or country) Missouri
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (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 alive at 6:40 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 J. E. Miller (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed Mar 31 1927 J. E. Miller Local Registrar.
Month, day, year

Registrar _____ Filed _____, 19____ County Registrar.

365-323-427

The number of children must be stated in the number of birth stated.