

## PLACE OF BIRTH

1. County of Dila

## ARIZONA STATE BOARD OF HEALTH

District of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 176Town of miami

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Local Registrar No. 120City of \_\_\_\_\_ No. miami Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Carlton Eugene Watkins { 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 March 25 1927 Month Day Year8. FATHER Full name Guy Watkins9. Residence (Usual place of abode) miami, Arizona If non-resident, give place and state.10. Color or race white 11. Age at last birthday 36 (Years)12. Birthplace (city or place) Oklahoma (State or country)13. Occupation Drill sharpener Nature of Industry Copper mineNumber of children of this mother born as of time of birth of child herein (including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 014. MOTHER Full maiden name Libbie Fern Lloyd15. Residence (Usual place of abode) miami, Arizona If non-resident, give place and state.16. Color or race white 17. Age at last birthday 24 (Years)18. Birthplace (city or place) Missouri (State or country)19. Occupation Housewife Nature of industry21. 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 10:10 a.m. on the date above stated (Born alive or stillborn.)When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature J. J. Smith (Physician or midwife) Address miami, ArizonaGiven name added from supplemental report. Filed March 31 1927 Local Registrar.

Month, day, year

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

362-325-334