

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

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

Town of Christmas

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158

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

Local Registrar No. \_\_\_\_\_

2. Full name of child Lois Goodwin

{ If child is not yet named, make supplemental report, as directed.

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 June 16 1927  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Edward Geo Goodwin

14. MOTHER  
Full maiden name Rayel Wilson

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

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

10. Color or race White

11. Age at last birthday 28 (Years)

16. Color or race White

17. Age at last birthday 9 (Years)

12. Birthplace (city or place) Paducah  
(State or country) Kentucky

18. Birthplace (city or place) Delmar City  
(State or country) New Mexico

13. Occupation Pipe fitter  
Nature of industry \_\_\_\_\_

19. Occupation House wife  
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 \_\_\_\_\_  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

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 \_\_\_\_\_ at 7:30 p. 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 Charles H. Heston (Physician or midwife)

Address Rayon Ave

Given name added from a supplemental report \_\_\_\_\_

Month, day, year

3-7-25 - 616-865

Registrar

Filed July 2, 1927 \_\_\_\_\_ Local Registrar.

File \_\_\_\_\_, 19\_\_\_\_ County Registrar.