SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

Registered No. 0 5 3

1. PLACE OF BIRTH

County Yavapai State Arizona

District or Township Prescott or Village

City Prescott No. 525 W. Gurley St., Ward

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

2. Full name of child RAY ALLEN EVERETT

{ 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 July 4th, 1927 (Month Day Year)

FATHER

8. Full name King Calvin Everett

9. Residence (Usual place of abode) Congress Junction Arizona

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 37 (Years)

12. Birthplace (city or place) San Angelo Texas (State or country)

13. Occupation Laborer

Nature of industry

MOTHER

14. Full maiden name Eva Qomerlin

15 Residence (Usual place of abode) Congress Junction Arizona

If non-resident, give place and state.

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

18. Birthplace (city or place) Medina Texas (State or country)

19. Occupation At home

Nature of industry

20. Number of children of this mother 8

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(b) Born alive but now dead 4

(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 born Alive at 4:38 A m. on the date above s

(Born alive or stillborn.)

Signature H. F. Southworth (Physician or midwife).

Address Prescott, Arizona

Filed 7/5/57 Harry F. Southworth Registrar

* 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.

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

Registrar

953-707-585

Registrar

942-[illegible]4-132

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for [illegible] order of birth stated.