

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 184
 Registered No. 172

1. PLACE OF BIRTH

County Maricopa State Arizona
 District or Township Safford or Village Thatcher
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ovin Kent Reese { 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 X 6. Legitimate? Y 7. Date of birth Sept-7-1927
 Month Day Year

8. **FATHER**
 Full name Wm J. Reese

14. **MOTHER**
 Full maiden name Roche Alford

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

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 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 21 (Years)

16. Color or race White 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Oklahoma
 (State or country)

18. Birthplace (city or place) Arizona
 (State or country)

13. Occupation
 Nature of industry Farmer

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 1st
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:00 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. N. Shafford
 (Physician or midwife)

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

Address Safford
 Filed Oct-8-1927 J. N. Shafford Registrar

675-907-714