

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 393

Registered No. 16

1. PLACE OF BIRTH

County Maricopa State Arizona
District or Township _____ or Village Wickenburg
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 Leann Altam Powell 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 only 6. Legitimate? yes
5. No., in order of birth 1 7. Date of birth 9-25-1927
Month Day Year

8. FATHER
Full name Altam Randolph Powell

14. MOTHER
Full maiden name Louise Gladys Atkinson

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

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

10. Color or race White

16. Color or race Caucasian

11. Age at last birthday 21 (Years)
12. Birthplace (city or place) Cherry Mex.
(State or country) Mex Ariz

17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Sonora
(State or country) Mex

13. Occupation House wife
Nature of industry _____

19. Occupation Cattle ranching
Nature of industry _____

20. Number of children of this mother One
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living One
(b) Born alive but now dead 0
(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 Alive at 3:30 p.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. A. Copeland
M.D.
(Physician or midwife).

Given name added from a supplemental report _____ Address Wickenburg

Month, day, year _____ Filed 9/28, 1927 J. A. Copeland
Registrar Registrar

373-925-317

order of birth since.