

and the number of each in

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

State File No. 168
Registered No. 454

1. PLACE OF BIRTH

County _____ State _____
District or Township _____ or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child Charles J. Roy Simpkins (If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child M 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 10 27 27
Month Day Year

8. FATHER
Full name Chas. J. Roy Simpkins

14. MOTHER
Full maiden name Katharine Olin Meadows

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

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

10. Color or race W.

11. Age at last birthday 27 (Years)

16. Color or race W.

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) New York
(State or country)

18. Birthplace (city or place) New York
(State or country)

13. Occupation Fire Man
Nature of industry

19. Occupation H.W.
Nature of industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(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 alive at 8 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 Chas. J. Simpkins
(Physician or midwife).

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

Address _____

Filed Oct 30 1927 Le. E. Iron
Registrar

322-1027-242

order of birth stated.