

THIS IS A PERMANENT RECORD  
 WITH UNFADING INK—A SEPARATE RETURN must be made for each, and the number of each in  
 order of birth stated.  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in  
 order of birth stated.

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

State File No. 106  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Yuma State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Winkelman St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Unnamed Eakin (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  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Nov 2 1927  
Month Day Year

**8. FATHER**  
 Full name Curse Eakin  
 9. Residence Hayden Junction Arizona  
(Usual place of abode)  
 If non-resident, give place and state. Arizona  
 10. Color or race White  
 11. Age at last birthday 40 (Years)  
 12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas  
 13. Occupation Rancher  
Nature of industry

**14. MOTHER**  
 Full maiden name Anna Jayman  
 15. Residence Hayden Junction Arizona  
(Usual place of abode)  
 If non-resident, give place and state. Arizona  
 16. Color or race White  
 17. Age at last birthday 22 (Years)  
 18. Birthplace (city or place) Capsbad  
(State or country) W. Va.  
 19. Occupation Housewife  
Nature of industry

20. Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against oph-  
thalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 3 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 Charles B. Hueston

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

(Physician or Midwife)  
 Address Hayden Ariz  
 Filed Dec 5 1927 P. L. Hutton  
Registrar

Registrar

055-1102-135