

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

State File No. 161  
 Registered No. 88

**1. PLACE OF BIRTH**

County Sila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roy William Morrison (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 Nov 25 1927  
 Month Day Year

8. FATHER Full name Matt A. Morrison  
 9. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state.

14. MOTHER Full maiden name Dollie Raymond  
 15. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state.

10. Color or race White  
 11. Age at last birthday 39 (Years)

16. Color or race White  
 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Willet  
 (State or country) Tex

18. Birthplace (city or place) Roswell  
 (State or country) New Mex

13. Occupation skinner  
 Nature of industry mother

19. Occupation house wife  
 Nature of industry

20. Number of children of this mother \_\_\_\_\_  
 (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 3  
 (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 \_\_\_\_\_ at 10:01 m. on the date above stated

\* 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 H. Hurd  
 (Physician or midwife)

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

Filed Nov 26 1927 W. D. Muel  
 Registrar

Registrar

945-1123-496

N. B. - If more than one child at a birth, each and the number of each must be marked on this certificate.   
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