

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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  
order of birth stated.

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

State File No. 166  
Registered No. 89

1. PLACE OF BIRTH

County Gila 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 Mathonia Magnusson (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  
7. Date of birth Nov 27 1927  
Month Day Year

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

14. MOTHER  
Full maiden name Mathonia Billie's  
15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

10. Color of race White  
11. Age at last birthday 23 (Years)

16. Color of race White  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mesa  
(State or country) Ariz

18. Birthplace (city or place) Taylor  
(State or country) Ariz

13. Occupation Laborer  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 1  
(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 \_\_\_\_\_ 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 Charlotte M. ...  
(Physician or midwife)

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

Address Hayden, Ariz

Filed Nov 30, 1927 5:10 PM  
Registrar

445-1127-462