

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 436  
Registered No. 976

1. PLACE OF BIRTH

County Sila District or Township \_\_\_\_\_ State \_\_\_\_\_  
City Hayden or Village \_\_\_\_\_

2. Full name of child

Alma Josephine Watson (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth Dec 25 1927  
Month Day Year

8. Full name

FATHER Paul Albert Watson

14. Full maiden name

MOTHER Ruby Morrison

9. Residence

(Usual place of abode) Hayden  
If non-resident, give place and state.

15. Residence

(Usual place of abode) Hayden  
If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 26 (Years)

16. Color or race

White

17. Age at last birthday 19 (Years)

12. Birthplace (city or place)

(State or country) Hayward, Texas.

18. Birthplace (city or place)

(State or country) Yorba Linda, Fla.

13. Occupation

Nature of Industry Funer

19. Occupation

Nature of Industry Housewife

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

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Signature Charles B. Hershorn at 1:30 P.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.

Given name added from a supplemental report

Month, day, year

Address Hayden Ave (Physician or midwife)

Registrar

Filed Dec 31, 1927 W. J. D. D. Registrar

165-1225-9115

SEPARATELY TO BE TURNED IN FOR EACH CHILD, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.