

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

State File No. 152^a
 Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child William Lamar Haines (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 Dec. 31 1927
 Month Day Year

8. FATHER Full name Charles Thomas Haines

14. MOTHER Full maiden name Abbie Schriver

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

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

10. Color or race White, U.S.A. 11. Age at last birthday 36 (Years)

16. Color or race White, U.S.A. 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Grady, Texas
 (State or country)

18. Birthplace (city or state) Lal Rio, Texas
 (State or country)

13. Occupation Nature of industry Locomotive Fireman

19. Occupation Nature of industry Housewife

20. Number of children of this mother 6
 (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? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Winselman, Arizona on the date above stated.

Signature P. M. Spitzer, M.D.
 (Physician or midwife).

Given name added from a supplemental report _____ Address Winselman, Arizona

Month, day, year _____ Filed April 19, 1928

Registrar _____ Registrar P. M. Spitzer

482-1231-129

order of birth stated.