

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of such in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

884
766a

State File No. 766a

Registered No. _____

1. PLACE OF BIRTH

County Pinal State Arizona

District or Township _____ or Village _____

City Coolidge No. Ariz Casa Grande Hosp. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Debra Evelyn Watson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 5. No., in order of birth _____ }
Female } } Yes } }
6. Legitimate? } 7. Date 1/31/1930 }
of birth _____ } Month Day Year

8. FATHER
Full name Francis Marion Watson

14. MOTHER
Full maiden name Ida Lillian Gandy

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

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

10. Color or race White

11. Age at last birthday 34 (Years)

16. Color or race White

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) New Angels Texas
(State or country)

18. Birthplace (city or place) Black Diamond Ariz
(State or country)

13. Occupation Farmer
Nature of Industry

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 } (b) Born alive but now dead 0 }
certified and including this child.) } (c) Stillborn 0 }

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 11:30 A 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 H B Schenck M.D.

(Physician or midwife.)

Given name added from _____ Address Coca Grande Ariz
a supplementl report. _____
Month, day, year

Registrar. _____ Filed Mar. 12 '30 _____
Registrar. _____

465-131-978