

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

State File No. 164  
 Registered No. 13

1. PLACE OF BIRTH  
 County Sala State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give NAME instead of street and number)

2. Full name of child Prorganna Keshbaugh { If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY in event of plural births. Female 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Feb 5 1938  
 Month Feb Day 5 Year 1938

8. FATHER  
 Full name George Keshbaugh

14. MOTHER  
 Full maiden name Sala Johnson

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 of race White 11. Age at last birthday 43 (Years)

16. Color of race White 17. Age at last birthday 37 (Years)

12. Birthplace (city or state) Michigan  
 (State or country) Tex

18. Birthplace (city or state) \_\_\_\_\_  
 (State or country) Okla.

13. Occupation Time Keeper  
 Nature of Industry Smelter

19. Occupation Housewife  
 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 2  
 (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 \_\_\_\_\_ (Born alive or ~~stillborn~~) 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 Charles H. Harts MD

(Physician or midwife)

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

Address Hayden, Arizona

Registrar \_\_\_\_\_

Filed Feb 8 1938 5052 W. H. H. H.  
 Registrar \_\_\_\_\_

228-205-315

\*WHILE MAINLY WITH FADING 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 in order of birth stated.