

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 in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Graham

District of _____

Town of Thatcher

or _____

City of Thatcher

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 225

County Registrar No. _____

Local Registrar No. 48

2. Full name of child Jay Carl Higgins

3. Sex of Child
male

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth FEB. 12 1930
Month Day Year

8. FATHER
Full name Jahn Carlos Higgins

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

10. Color or race white

12. Birthplace (city or place) Eden
(State or country) Grysona

13. Occupation automobile mechanic
Nature of industry

14. MOTHER
Full maiden name Myrtle Foster

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

16. Color or race white

18. Birthplace (city or place) Safford
(State or country) Grysona

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 1
(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 alive at 5:30 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 F. W. Butler M.D. (Physician or midwife)

Address Safford, Ariz.

Given name added from a supplemental report _____
Month, day, year

Filed 3-8, 1930

J. N. Stratton
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

182-212-465
By O. T. Lopez