

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or

City of Payson Arizona No. _____

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141

County Registrar No. _____

Local Registrar No. 19

2. Full name of child Mystle Irene Powers (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.	6. Legitimate?	7. Date of birth
<u>Female</u>		<u>2</u>	<u>yes</u>	<u>3 7 30</u> Month Day Year

8. FATHER

Full name Wesley Powers

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

10. Color or race White

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Ariz
(State or country)

13. Occupation Laborer
Nature of industry

14. MOTHER

Full maiden name Maggie Hunt

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

16. Color or race White

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Ind as
(State or country)

19. Occupation HW
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 <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 0 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 C. H. Rissler (Physician or midwife.)
Address Payson Ariz

Given name added from supplemental report _____ Filed _____ 19 _____
Month, day, year

Registrar _____ Filed 4/1 19 30 Local Registrar _____
County Registrar _____

477-207-1143