

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.

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

State File No. 322
Registered No. 10212

1. PLACE OF BIRTH
County Chino State Ariz
District or Township _____ or Village Payson
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vaughn { 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 2 6. Legitimate? Yes 7. Date of birth 7 29 1930
Month Day Year

8. FATHER
Full name Alva Vaughn
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 50 (Years)
12. Birthplace (city or place) Colorado
(State or country)
13. Occupation Farmer
Nature of industry

14. MOTHER
Full maiden name Julla Moore
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 38 (Years)
18. Birthplace (city or place) Calif.
(State or country)
19. Occupation HW
Nature of industry

20. Number of children of this mother 7 (a) Born alive and now living 7
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 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 4 P. m. on the date above stated
(Born alive or stillborn.)

Signature CA Risher
(Physician or midwife).

Given name added from a supplemental report _____ Address Payson Ariz

Month, day, year _____ Filed 8/2/30, 19 _____ Registrar CA Risher

Registrar _____

055-729-342