

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 672

Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Pima State Arizona

District or Township \_\_\_\_\_ or Village Ajo

City \_\_\_\_\_ No. New Cornelia St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Joseph Richard Houghton } 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. \_\_\_\_\_ Legitimate? \_\_\_\_\_ 7. Date of birth Aug. 26 - 36  
Month Day Year

8. FATHER  
Full name Joseph R. Houghton  
9. Residence (Usual place of abode) yes  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Mary Navarro  
15. Residence (Usual place of abode) Ajo  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 49 (Years)

16. Color or race Mexican 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) El Paso Texas  
(State or country)

18. Birthplace (city or place) San Antonio Texas  
(State or country)

13. Occupation  
Nature of Industry Welder

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. \_\_\_\_\_ } (a) Born alive and now living. \_\_\_\_\_ } 21. Were precautions taken against ophthalmia neonatorum? yes  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. \_\_\_\_\_ }  
 } (c) Stillborn \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:15 m. on the date above stated.  
(Born alive or stillborn)

Signature H. D. Atwood  
Physician  
(Physician or midwife.)

Given name added from a supplemental report. \_\_\_\_\_ Address Ajo, Arizona

Month, day, year

Filed Sept 3, 1936

Registrar.

John S. Hood  
Registrar.