

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Gila Item 2 entered by Ariz
District or Township 1st Reg and 2nd Dist. Payson State Ariz
City _____ No. _____ or Village _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child DON PASCO Packard { 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 9/8/30
Month Day Year

8. FATHER
Full name Robert Packard

14. MOTHER
Full maiden name Mabel Ezell

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

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

10. Color or race White 11. Age at last birthday 36 (Years)

16. Color or race White 17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Arizona
(State or country)

13. Occupation
Nature of industry Farmer

19. Occupation
Nature of industry H.W.

20. Number of children of this mother 2
(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 0
(c) Stillborn 0

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 8 AM 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. Reiss MD

(Physician or midwife).

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

Address Payson Ariz

Filed Sept 11, 1930 C. H. Reiss
Registrar

Registrar

Registrar

474-910-493

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