

**AMENDMENT ATTACHED**  
**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF BIRTH

State File No. 222  
 Local Registrar's No. 310

1. PLACE OF BIRTH  
 (County) Graham State \_\_\_\_\_

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

City Safford No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child \_\_\_\_\_  
 (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 X 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth 10 15 30  
 Month Day Year

8. FATHER  
 Full name Wm E Paston

14. MOTHER  
 Full maiden name Vilda Robinson

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

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

10. Color or race White 11. Age at last birthday 24 (Years)

16. Color or race White 17. Age at last birthday 22 (Years)

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

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

13. Occupation  
 Nature of industry Farmer

19. Occupation  
 Nature of industry House Wife

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 \_\_\_\_\_ (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 Male (Born alive or stillborn.) at 11 a.m. on the date above stated.

\*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 J. N. Stratton

Given name added from a supplemental report \_\_\_\_\_ Address Safford (Physician or midwife.)

Month, day, year \_\_\_\_\_ Registrar \_\_\_\_\_ Filed Nov - 8 - 1930 J. N. Stratton Registrar

075-1018-595

REPRODUCED FROM THE ORIGINAL RECORDS OF THE ARIZONA STATE BOARD OF HEALTH. THIS IS A PERMANENT RECORD. SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN THIS RETURN MUST BE PLAINLY WRITTEN IN UNFADING INK.