ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 143

Registered No. 39

1. PLACE OF BIRTH

County Gila State Ariz

District or Township ..... or Village .....

City Globe No. ..... St. ..... Ward

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

2. Full name of child John Martin Haug (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 Twin | 5. No., in order of birth 1 | 6. Legitimate? Yes | 7. Date of birth Feb. 27, 1931 (Month Day Year)

8. FATHER

Full name Paul Martin Haug

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

10. Color or race White | 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Golden Eagle Ill.

(State or country)

13. Occupation Salesman

Nature of industry

14. MOTHER

Full maiden name Alice Rey

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

16. Color or race White | 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Prescott

(State or country) Ariz.

19. Occupation Hsewfe

Nature of industry

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(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 4:20 P. 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 T. C. Harper

physician (Physician or midwife).

Address Globe Ariz.

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

Registrar

Filed 3/8, 19 ..... L. E. Wightman Mrs. Registrar

187-227-198

... must be made for each, and the number of each in order of birth stated.