ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 167

Registered No. 44

1. PLACE OF BIRTH

County Gila State Arizona

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

City Hayden No. ..... St., ... Ward

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

2. Full name of child James Walter Goodwin — 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.....

6. Legitimate? Yes

7. Date of birth June 12 1931 (Month Day Year)

8. FATHER

Full name William Jessie Goodwin

9. Residence (Usual place of abode) Hayden

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Panama (State or country) Okla.

13. Occupation Power plant Op.

Nature of Industry Copper Mill

14. MOTHER

Full maiden name Linnie Alene Saunders

15. Residence (Usual place of abode) Hayden

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) ~~Panama~~ HOBART (State or country) Okla

19. Occupation House Wife

Nature of Industry

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

(a) Born alive and now living 1

(b) Born alive but now dead 1

(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 or stillborn) at 9 05 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 Charles B. Hurst MD

(Physician ~~or midwife~~.)

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

Address Hayden Ariz

Filed 6/13/1931 [signature] Registrar.

Registrar.

175-612-322