ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 144

Registered No.

1. PLACE OF BIRTH

County Gila State Ariz

District or Township Payson or Village

City No. St. Ward

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

2. Full name of child Carmen Aline Reson { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 5. No., in order of birth 1 | 6. Legitimate? Yes | 7. Date of birth 7 28 31 (Month Day Year)

8. FATHER

Full name Cullen Reson

9. Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state

10. Color or race White | 11. Age at last birthday 22 (Years)

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

13. Occupation Nature of industry Laborer

14. MOTHER

Full maiden name Lina Joy

15. Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state

16. Color or race White | 17. Age at last birthday 20 (Years)

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

19. Occupation Nature of industry Housewife

20. Number of children of this mother 1 (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 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 6:30 a.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 C H Russier m.d. (Physician or midwife).

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

Address Payson Ariz

Registrar

Filed 6/30, 1931

C H Russier Registrar

395-728-618

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WHEN FILLING WITH UNFADING INK—THIS IS A PERMANENT RECORD