

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 9452a
Registered No. 77

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 Roman Eugene Hay
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. Legitimate Yes 6. Date of birth Aug 21 1931
Month Day Year

8. FATHER
Full name Erplid Haywood
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

14. MOTHER
Full maiden name Katherine Glyn
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday (Years) 25

16. Color or race White
17. Age at last birthday (Years) 21

12. Birthplace (city or place) Fairland
(State or country) Tex

18. Birthplace (city or place) Colorado Springs
(State or country) Colorado

13. Occupation Labour
Nature of Industry

19. Occupation House Wife
Nature of Industry

20. Number of children of this mother: (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)

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 _____ at _____ m. on the date above stated.
(Born alive or stillborn)
Signature Charles H. Hunt
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Address _____
Filed 9/2 1931 Registrar W.D. [Signature]

584-821-275