

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 113  
Registered No. 329

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami Imperial Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Shirley Eleanor Watson (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. 6. Legitimate? yes 7. Date of birth Oct 19 1931  
Month Day Year

**8. FATHER**  
Full name William Weldon Watson

**14. MOTHER**  
Full maiden name Elizabeth Badgley

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

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

10. Color or race White 11. Age at last birthday 27 (Years)

16. Color or race White 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Duluth  
(State or country) Minnesota

18. Birthplace (city or place) Magnolia  
(State or country) Illinois

13. Occupation Experimental Engineer  
Nature of Industry Copper mine

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother: (a) Born alive and now living 1  
(Taken as of time of birth of child herein certified and including this child.) (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 alive at 11:50 P m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
MD  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed Nov 2, 1931 C. E. Brown  
Registrar

265-1019-528  
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.