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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 111

Registered No. 103

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Globe No. Gila County Hosp St. Ward

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

2. Full name of child Chester Curtis Champion — 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 Nov. 14, 1933 (Month Day Year)

8. FATHER

Full name Howard William Champion

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 41 (Years)

12. Birthplace (city or place) Poplar Bluff

(State or country) Mo.

13. Occupation

Nature of industry Rancher

14. MOTHER

Full maiden name Katherine Leah McCall

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 35 (Years)

18. Birthplace (city or place) Camden

(State or country) Ark.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 4

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(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 (Born alive or stillborn) 6:30 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 C Watkins

Physician (Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Box 636 Globe Ariz

Registrar

Filed DEC 21 1933 Mica P Pope Registrar

335-114-243