

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 917
Registrar's No. 179

1. PLACE OF BIRTH:
 (a) County Pinal (b) City or Town Casa Grande Location Lincoln Hospital
 (If outside city limits write RURAL) (St. & No. (or) Name of Institution)
 (d) Mother's Stay Before Delivery: In Hospital or Institution 4 hrs In this Community 10 mos

2. USUAL RESIDENCE of Mother:
 In Arizona 10 yrs. 20 mos. 20 days
 (a) State Ariz (b) County Pinal (c) City or Town Eloy (d) Street No. Box 929
 (If outside city limits write RURAL)

3. FULL NAME of Child Althea June Payne DATE OF BIRTH Sept 17, 1940

5. Sex Female 6. Twin or Triplet 2nd or 3d 7. Number months of pregnancy 9 8. Is mother married? yes

FATHER OF CHILD

9. Full name Ray Payne
 10. Color or race white 11. Age at time of this birth 30 yrs.
 2. Birthplace Marlowe Oklahoma
 (City, town, or county) (State or foreign country)
 3. Usual occupation Day laborer
 4. Industry or business Agriculture

1. Children born to this mother, including this child 1
 (a) How many other children of this mother are now living? 0
 (b) How many other children were born alive but are now dead? 0
 (c) How many children were born dead? 0

MOTHER OF CHILD

15. Full maiden name Mary Bernice Haueter
 16. Color or race white 17. Age at time of this birth 19 yrs.
 18. Birthplace Central Okla
 (City, town, or county) (State or foreign country)
 19. Usual occupation clerk
 20. Industry or business 5 & 10 - store

22. Mother's mailing address for registration notice:
Mrs Ray Payne
Eloy Ariz
Box 929

3. (a) Pregnancy, Complications of: NONE (d) Did baby have any: (1) Congenital malformation? no
 Describe: _____
 (b) Labor, Complications of: NONE (2) Birth injury? no Describe: _____
 (c) Was there an operation for delivery? no (yes or no) (e) Was a prophylactic drug used in the baby's eyes? yes
 State all operations. NONE (f) Did mother have a serological test for syphilis? yes

4. I hereby certify that I attended the birth of this child who was born alive at the hour of 6:31 a.m. on the date above stated and that the information given was furnished by Bernice Payne related to this child as mother
 Attendant's signature CK Nevins
 5. Date received by local registrar Oct 9 - 40 M.D., midwife, or other _____ Date signed 9-21-40
 6. Registrar's signature Geraldine Rice Address Casa Grande, Arizona

335-917-473