

PLACE OF BIRTH  
 County of Lula  
 District of Payson  
 Town of Payson  
 or  
 City of \_\_\_\_\_

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 138  
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 607  
 Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)  
 FULL NAME OF CHILD Robert Hale Stanton Babcock Born  YES  
 Alive  NO  
 \*child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>2nd</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Nov 2 1919</u> (Month) (Day) (Yr.)
FATHER Name <u>Robert Weston Babcock</u> Residence <u>Payson Ariz</u> Color or Race <u>White</u> Age at last Birthday <u>27</u> (Years) Birthplace <u>Ill</u> Occupation <u>Cattleman</u>			MOTHER Full Maiden Name <u>Ina J. ...</u> Residence <u>Payson Ariz</u> Color or Race <u>White</u> Age at last Birthday <u>29</u> (Years) Birthplace <u>Ohio</u> Occupation <u>Housewife</u>		
Number of children of this mother <u>2</u>		Number of children, of this mother, now living <u>1</u>		Were Precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Nov 2 1919, at 10 A M

\*When there is no attending physician or midwife, then the householder should make his return.

(Signature) C. H. ...  
 (Attending physician, midwife, householder. \*)

Sex or christian name added from a  
 Supplemental report \_\_\_\_\_ 191\_\_

Address Payson Ariz

122-1102-967  
 COUNTY REGISTRAR.

Filed Nov 3 1919  
 Filed Nov 27 1919

J. J. ...  
 LOCAL REGISTRAR.  
J. S. ...  
 COUNTY REGISTRAR.