

4799

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
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Hayden
or _____
City of _____ No. Hayden Hospital (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

State Index No. 137
Co. Registrar No. 461
Local Registrar No. 20

2. Full name of child William Orsen Branch (If child is not yet named, make supplemental report, as directed)

3. Sex of child M 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 Sept 28/22 (Month, day, year)

<p>8. FATHER Full name <u>William Orsen Branch</u></p> <p>9. Residence (Usual place of abode) <u>Winkelman, Ariz.</u> If nonresident, give place and State</p> <p>10. Color or race <u>W.</u></p> <p>11. Age at last birthday <u>36</u> (Years)</p> <p>12. Birthplace (city or place) <u>Arizona</u> (State or country)</p> <p>13. Occupation <u>Miner</u> Nature of Industry</p>	<p>14. MOTHER Full maiden name <u>Myrtle Helen Fisher</u></p> <p>15. Residence (Usual place of abode) <u>Winkelman, Ariz.</u> If nonresident, give place and State</p> <p>16. Color or race <u>W.</u></p> <p>17. Age at last birthday <u>27</u> (Years)</p> <p>18. Birthplace (city or place) <u>New Mexico</u> (State or country)</p> <p>19. Occupation <u>H. W.</u> Nature of Industry</p>
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20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 1:55 m. on the date above stated.
(Born alive or stillborn)

*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 G. R. Winkelman, M.D. (Physician or midwife)
Address Hayden, Ariz.

Given name added from a supplemental report _____ (Month, day, year)
628-928-469 Registrar.

Filed Sept 29, 1922 W. J. Fisher Local Registrar.
Filed Oct 8, 1922 B. J. Fisher County Registrar.