

MARGIN RESERVED FOR BINDING
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
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Pinal
District of Payson
Town of Payson
or
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 156
County Registrar No. 559
Local Registrar No. 411

2. Full name of child Vernon Lee Haught | 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 July 10 1923
Month Day Year

<p>8. FATHER Full name <u>Walter Haught</u></p> <p>9. Residence (Usual place of abode) <u>Payson Ariz</u> If nonresident, give place and state</p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>22</u> (Years)</p> <p>12. Birthplace (city or place) <u>Arizona</u> (State or country)</p> <p>13. Occupation <u>Farmer</u> Nature of industry</p>	<p>14. MOTHER Full maiden name <u>Mar Haeder</u></p> <p>15. Residence (Usual place of abode) <u>Payson Ariz</u> If nonresident, give place and state</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>23</u> (Years)</p> <p>18. Birthplace (city or place) <u>Arizona</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>
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20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 born alive at 7:30 A. 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 C. P. Riser, Physician
Address Payson Ariz

Given name added from a supplemental report _____ Month, day, year. Filed Sept 25, 1923 _____ Local Registrar.
Filed Oct 3, 1923 _____ County Registrar.

Registrar. County Registrar.

583-710-487