

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150
County Registrar No. 515
Local Registrar No. 57

PLACE OF BIRTH
1. County of Gila
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)

2. Full name of child Cleborn 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 twins } 5. No., in order of birth 1st } 6. Legitimate? Yes } 7. Date of birth May 21 1924
Month day year

8. FATHER Full name <u>Sam Haught</u>		14. MOTHER Full maiden name <u>Mary Martiny</u>	
9. Residence (Usual place of abode) <u>Payson, Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Payson Ariz</u> If nonresident, give place and state	
16. Color or race <u>White</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Texas</u> (State or country)		18. Birthplace (city or place) <u>Texas</u> (State or country)	
13. Occupation <u>Callerman</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

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 3
(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 5:30 p.m. on the date above stated.
(Born alive or stillborn.)
Signature C. H. Kissen (Physician or midwife)
Address Payson Ariz
Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____

Filed July 24, 1924 Jay J. Vann Local Registrar.
Filed 7-28, 1924 B. J. J. or County Registrar.

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.

383-521-448