

1443

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 Gila  
District of Jayson  
Town of Ariz  
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. 127  
County Registrar No. 522  
Local Registrar No. 58

2. Full name of child George Wayne 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 not 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth June 8 1924  
Month day year

8. FATHER Full name <u>George Haught</u>		14. MOTHER Full maiden name <u>Maggie Hunt</u>	
9. Residence (Usual place of abode) <u>Papawaris</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Papawaris Ariz</u> If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Ariz</u> (State or country)		18. Birthplace (city or place) <u>Texas</u> (State or country)	
13. Occupation <u>Cattlemen</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 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 (Born alive or stillborn.) at 4:30 p.m. on the date above stated.

\*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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Signature C. H. Kessen (Physician or midwife)  
Address Jayson Ariz  
Filed July 24, 1924 Jay P. Quinn Local Registrar.  
Filed 7-25, 1924 J. S. Cox County Registrar.

783-608-483