[redacted]

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174

County Registrar No. 528

Local Registrar No. 60

PLACE OF BIRTH

1. County of Gila

District of Payson

Town of Payson

or

City of Payson No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Willie E. Haught } 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 June 23 1924 (Month day year)

FATHER

8. Full name Vashie Haught

9. Residence (Usual place of abode) Payson Ariz

If nonresident, give place and state

10. Color or race: White

11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Texas (State or country)

13. Occupation: Farmer

Nature of industry

MOTHER

14. Full maiden name Ada Williams

15. Residence (Usual place of abode) Payson Ariz

If nonresident, give place and state

16. Color or race: White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Arkansas (State or country)

19. Occupation:

Nature of industry: Housewife

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 0
(b) Born alive but now dead 0
(c) Stillborn 1

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 stillborn (Born alive or stillborn.) at 11 a. 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.

Signature O. H. Kisner (Physician or midwife)

Address Payson Ariz

Given name added from a supplemental report ..... Month, day, year.

Registrar.

Filed July 31, 1924 Jay F. Vance Local Registrar.

Filed 7-28, 1924 B. L. S. Jay County Registrar.

683-623-162