

2 SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 304  
County Registrar No. 148  
Local Registrar No. 72

1. County of Maricopa  
District of Buckeye, Ariz.  
Town of \_\_\_\_\_  
or Palo Verde Ariz.  
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 Roberts, } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 1-5-25  
Month day year

8. FATHER  
Full name William Ross Roberts  
9. Residence (Usual place of abode) 27  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race White  
Age at last birthday 27 (Years)

14. MOTHER  
Full maiden name Edith Higgins  
15. Residence (Usual place of abode) 25  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race White  
Age at last birthday 25 (Years)

12. Birthplace (city or place) Ariz,  
(State or country)  
13. Occupation  
Nature of industry Farmer

18. Birthplace (city or place) Kansas  
(State or country)  
19. Occupation  
Nature of industry Housework

20. Number of children of this mother (a) Born alive and now living 5  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn 0  
(Taken as of time of birth of child herein certified and including this child.) } 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 Alive at 5-4-25 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 evidences of life after birth.  
Signature [Signature]  
Address Buckeye, Ariz. (Physician or midwife)

Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_ Filed \_\_\_\_\_  
Registrar. \_\_\_\_\_ Filed 1/10 25 1925 HARRY J. FIELDS Local Registrar  
County Registrar.

382-105-582

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.