

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 111  
County Registrar No. 131  
Local Registrar No. 18

2. Full name of child Rose Courtney Porter  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
} 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. \_\_\_\_\_ 5. Legitimate? yes } 6. Date of birth Feb. 6 1925  
Month day year

8. FATHER  
Full name James W. Porter

14. MOTHER  
Full maiden name Frances Alopria Courtney

9. Residence (Usual place of abode)  
If nonresident, give place and state Hayden Ariz

15. Residence (Usual place of abode)  
If nonresident, give place and state Hayden Arizona

10. Color or race white

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11. Age at last birthday 35 (Years)  
12. Birthplace (city or place) East Troy Wisconsin  
(State or country)

17. Age at last birthday 36 (Years)  
18. Birthplace (city or place) Philadelphia Pa.  
(State or country)

13. Occupation  
Nature of industry Mechanical Engineer

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 1  
(c) Stillborn 0

21. Were precautions taken against ophthalmic neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:20 P.M. on the date above stated.  
(Born alive or stillborn)

Signature Chas. R. Winslow M.D.  
(Physician or midwife)  
Address Hayden, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed FEB 21 1925 19

Registrar. \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

979-206-638