

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Sela

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 175

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Earl Penelton Watson (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. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Feb-23-1921  
Month Day Year8. FATHER  
Full name Henry L Watson  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona14. MOTHER  
Full maiden name Pellie Johnson  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona10. Color or race White  
11. Age at last birthday 37 (Years)16. Color or race White  
17. Age at last birthday 36 (Years)12. Birthplace (city or place) Alabama  
(State or country)18. Birthplace (city or place) Alabama  
(State or country)13. Occupation Laborer  
Nature of industry19. Occupation Housewife  
Nature of industry20. 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 5  
(b) Born alive but now dead 0  
(c) Stillborn 021. 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 6-9 m. 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 evidence of life after birth.

Signature Charles E. Davis M.D. (Physician or midwife.)Address Miami Arizona

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

Filed April 5 1925 Wesley Brighton Local Registrar.

Registrar

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar

565-223-315

PERMANENT AS A

WRITE PLAIN UNFADING INK

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.