

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E. —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 Coila  
District of \_\_\_\_\_  
Town of Hayden  
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. 166  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 30

2. Full name of child Eugenia Lou Pearson { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female to be answered ONLY { If child is not yet named, make supplemental report, as directed.  
In event of plural births. }  
4. Twin, triplet or other. \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? Yes  
7. Date of birth Mar 19 1925  
Month Day Year

8. FATHER  
Full name Carl Pearson  
9. Residence Hayden  
(Usual place of birth)  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Louis Helma Young  
15. Residence Hayden  
(Usual place of birth)  
If non-resident, give place and state.

10. Color or race White  
11. Age at last birthday 21 (Years)

16. Color or race White  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Hammond  
(State or county) Ariz.

18. Birthplace (city or place) Wheeler  
(State or country) Oklahoma

13. Occupation Skinner  
Nature of industry Smelter

19. Occupation House wife  
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 2  
(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 at 3 1/2 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 B. Smith M.D.  
Address Hayden Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed Mar 21 1925 W. B. Paul  
Local Registrar.  
Registrar \_\_\_\_\_  
Filed \_\_\_\_\_, 19\_\_\_\_  
County Registrar.

575-319-387