

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 200

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

Local Registrar No. 34

2. Full name of child Betty Jane Murchison (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child 7 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 Mar 29 1925 Month Day Year

8. FATHER  
Full name Ollie D. Murchison

14. MOTHER  
Full maiden name Ola Darr

9. Residence Hayden  
(Usual place of abode)  
If non-resident, give place and state.

15. Residence Hayden  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race White

16. Color or race White

11. Age at last birthday 25 (Years)

17. Age at last birthday 27 (Years)

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

18. Birthplace (city or place) El Paso Texas  
(State or country)

13. Occupation Steel Worker  
Nature of Industry

19. Occupation House Wife  
Nature of Industry

20. Number of children of this mother (a) Born alive and now living 3 (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 4:10 A. 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 Street M.D. (Physician or midwife).  
Address Hayden Ariz

Given name added from a supplemental report. Filed May 31 1925 JTB Nash Local Registrar.  
Month, day, year  
Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

245-327-647