

PLACE OF BIRTH

1. County of Yuma

District of _____

Town of Winkelman

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 204

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 Nora Hilda Morrison { If child is not yet named, make supplemental report, as directed.3. Sex of Child M 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 3-31-25
Month Day Year8. FATHER
Full name Mathias A. Morrison14. MOTHER
Full maiden name Hollie Ragsdale9. Residence (Usual place of abode) Winkelman
If non-resident, give place and state.15. Residence (Usual place of abode) Winkelman
If non-resident, give place and state.10. Color or race M11. Age at last birthday 36 (Years)16. Color or race M17. Age at last birthday 33 (Years)12. Birthplace (city or place) Texas
(State or country)18. Birthplace (city or place) New Mex.
(State or country)13. Occupation Reverboratory helper
Nature of industry19. Occupation H. M.
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 3
(b) Born alive but now dead 3
(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 8:20 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 Dr. R. Winslow
(Physician or midwife)Address Hayden, Ariz.

Given name entered from _____

a supplemental report _____
Month, day, yearFiled April 6, 1925

Filed _____, 19____

Registrar _____

Local Registrar P. H. Hutton

County Registrar _____

545 - 331 - 495

WITH UNFADING INK - THIS IS A PERMANENT RECORD
 at a birth, a SEPARATE RETURN must be made for each, and the number of birth in
 order of birth stated.

OR
 of more than