

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of YavapaiDistrict of HaydenTown of HaydenCity of Vernon Arizona

BUREAU OF VITAL STATISTICS

State Index No. 184

ORIGINAL CERTIFICATE OF BIRTH

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

Local Registrar No. 402. Full name of child Joseph Wesley Holder3. Sex of Child MaleTo be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? Yes7. Date April 23 1925

Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER

Full name John Wesley Holder9. Residence Hayden Arizona

(Usual place of abode)

If non-resident, give place and state.

10. Color or race White11. Age at last birthday 30 (Years)12. Birthplace (city or place) Colonia Diaz(State or country) Mexico13. Occupation Farmer

Nature of industry

14. MOTHER

Full maiden name Edith Martha15. Residence Vernon Arizona

(Usual place of abode)

If non-resident, give place and state.

16. Color or race White17. Age at last birthday 25 (Years)18. Birthplace (city or place) Yagar(State or country) Arizona19. Occupation House Wife

Nature of industry

20. Number of children of this mother 4

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

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 9 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 Huestis MDAddress Hayden Arizona

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Filed Apr 25 1925

1925

Local Registrar. J. B. Duck

Registrar \_\_\_\_\_

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

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

185-423-545

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.