

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

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

Town of Winkelman

or \_\_\_\_\_

City of Box 32

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 193

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

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

2. Full name of child George Bernard Branch

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY in event of plural births.

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

6. Legitimate? \_\_\_\_\_

7. Date of Birth April 26 1925  
Month Day Year

8. FATHER  
Full name Orvin Branch  
9. Residence (Usual place of abode) Winkelman Arizona  
If non-resident, give place and state. Arizona

14. MOTHER  
Full maiden name Myrtle Fisher  
15. Residence (Usual place of abode) Winkelman Ariz  
If non-resident, give place and state. Ariz

10. Color or race White  
11. Age at last birthday 47 (Years)

16. Color or race White  
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Safford Arizona  
(State or country)

18. Birthplace (city or place) Yuma County  
(State or country) New Mexico

13. Occupation Miner  
Nature of industry

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 8  
(b) Born alive but now dead 8  
(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 3:45 P.M. on the date above stated.

\* 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 Harold Fisher M.D.  
Address Hayden Ariz  
(Physician or midwife)

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

Filed April 27, 1925 P. J. Hutton Local Registrar.

Registrar

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

County Registrar.

728-426-469