ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 171 V

Registered No.

1. PLACE OF BIRTH

County Gila State Ariz

District or Township or Village

City Payson Ariz No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Andrew Holder { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 5. No., in order of birth 3rd | 6. Legitimate? Yes | 7. Date of birth May 6 1925 (Month Day Year)

8. FATHER

Full name Robt. Holder

9. Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Texas

(State or country)

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name Maggie Loveladey

15 Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state.

16 Color or race White | 17. Age at last birthday 26 (Years)

18. Birthplace (city or place)

(State or country) Ariz

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 3

(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

(c) Stillborn 1

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 5 30 P. 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 C H Risser MD

Physician

(Physician or midwife).

Given name added from a supplemental report

Month, year

Address Payson Ariz

Registrar

Filed May 9, 1925 C H Risser L. R.

Registrar

989-506-438

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.