

## PLACE OF BIRTH

1. County of Sila

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

Town of Haydenor Box 88/5

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 186

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

Local Registrar No. 55No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child. Anna Fay Morpsey { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female 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 June 22 1925  
Month Day Year8. FATHER  
Full name John J. Morpsey  
9. Residence Hayden Arizona  
(Usual place of abode)  
If non-resident, give place and state.14. MOTHER  
Full name Bessie Anderson  
15. Residence Hayden Arizona  
(Usual place of abode)  
If non-resident, give place and state.10. Color or face White  
11. Age at last birthday 36 (Years)16. Color or face White  
17. Age at last birthday 20 (Years)12. Birthplace (city or place) Tempe  
(State or country) Arizona18. Birthplace (city or place) Decatur  
(State or country) Texas13. Occupation Truck driver  
Nature of Industry19. Occupation House wife  
Nature of Industry20. 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 2  
(b) Born alive but now dead 0  
(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 7:30 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 Charles H. Hueston, M.D. (Physician or midwife.)  
Address Hayden Ariz.Given name added from a supplemental report. Filed June 26, 1925 W. T. Neal  
Month, day, year Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

148-622-215