PLACE OF BIRTH

1. County of Gila

District of

Town of Winkelman

or

City of ..... No. ..... St., ... Ward

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188

County Registrar No.

Local Registrar No.

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

2. Full name of child Donald Hugh Haines (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

6. Legitimate? Yes

7. Date of birth June 22 1925 (Month Day Year)

FATHER

8. Full name Charles Thomas Haines

9. Residence (Usual place of abode) Winkelman

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Brady (State or country) Texas

13. Occupation Rail Road Nature of industry Fireman

MOTHER

14. Full maiden name Cobbie Schrum

15. Residence (Usual place of abode) Winkelman

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Del Rio (State or country) Texas

19. Occupation Nature of industry Home Wife

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 5

(b) Born alive but now dead 0

(c) Stillborn 0

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 12:15 p.m. on the date above stated (Born alive or stillborn)

Signature Charles Hunter M.D. (Physician or midwife).

Address Hayden Arizona

* 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.

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

Filed July 31, 1925 J. C. Hutton Local Registrar.

Registrar

Filed ....., 19.....

County Registrar.

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.

WRITE LEGIBLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

482-672-129