

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 85
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township Papayon or Village _____
 City Papayon No. _____ St. _____ Ward _____

2. Full name of child Ernest Corbett Haught

(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 5th
 5. No., in order of birth 5th
 6. Legitimate? Yes
 7. Date of birth Sept 2 1918
 Month Day Year

8. FATHER
 Full name Sam Haught

14. MOTHER
 Full maiden name Mary Motin

9. Residence
 (Usual place of abode) Papayon Ariz
 If non-resident, give place and state.

15. Residence
 (Usual place of abode) Papayon Ariz
 If non-resident, give place and state.

10. Color or race
White

11. Age at last birthday 37 (Years)

16. Color or race
White

17. Age at last birthday 31 (Years)

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

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

13. Occupation
 Nature of Industry Farmer

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 5
 (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 11:50 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 Dr. R. R. Rouse MD

(Physician or midwife)

Given name added from a supplemental report _____
 Month, day year 583-902-1445
 Registrar

Address Papayon Ariz
 Filed _____, 19____ Dr. R. R. Rouse
 Registrar

WITH COPY OF THIS CERTIFICATE AT BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.