

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

State File No. 176
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village Payson
 City Payson No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Ann Haught
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child girl 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 Jan. 18 1926
 Month Day Year

8. FATHER
 Full name Walter Lee Haught
 9. Residence (Usual place of abode) Payson
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) Myrtle near Payson
 (State or country) Ariz
 13. Occupation
 Nature of Industry Saw mill owner

14. MOTHER
 Full maiden name Sarah Mae Halder
 15. Residence (Usual place of abode) Payson
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Angona near Payson
 (State or country) Arizona
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 2
(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 _____
 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 4:20 P.m. on the date above stated
(Born alive or stillborn.)

Signature W. S. A. Shepherd
(Physician or midwife).

* 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 Ch. Kisse
 Month, day, year _____
 Registrar

Address Payson Arizona
 Filed 2/3/26 Ch. Kisse
 Registrar

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.

783-118-249