

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

State File No. 195  
 Registered No. \_\_\_\_\_

1. PLACE OF BIRTH  
 County Yuma State Ariz  
 District or Township Payson or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Jennie Louise Haught { 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 2 6. Legitimate? Yes 7. Date of birth Jan 25, 26  
 Month Day Year

8. FATHER  
 Full name Columbus Haught

14. MOTHER  
 Full maiden name Flores Hunt

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

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

10. Color or race white  
 11. Age at last birthday 30 (Years)

16. Color or race white  
 17. Age at last birthday 24 (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. 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 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 Payson 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 O. H. Risher  
Physician  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_  
 Filed Feb 1 1926 O. H. Risher  
 Registrar \_\_\_\_\_

183-125-083

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.