

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

State File No. 152

Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_

District or Township Winkelman or Village \_\_\_\_\_

City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Effie Dorothy Hagan { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY at event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Apr 17 1926  
 Month Day Year

8. FATHER  
 Full name Ben Hagan

14. MOTHER  
 Full maiden name Mrs Dorothy Stun

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

15. Residence (Usual place of abode) Winkelman  
 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 19 (Years)

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

18. Birthplace (city or place) Roswell  
 (State or country) New Mexico

13. Occupation Stockraiser  
 Nature of industry

19. Occupation House Wife  
 Nature of industry

20. Number of children of this mother 1 } (a) Born alive and now living 0  
 (Taken as of time of birth of child herein certified and including this child.) } (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 6:50 A.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 E. Hagan  
Winkelman, Arizona  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_

Month, day, year \_\_\_\_\_

Filed May 4 1926 P. J. Hutton  
 Registrar

Registrar

Registrar

585-417-625

... in case of multiple simultaneous births, a SEPA of the mother must be made, and the number of each in order of birth stated.