

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

State File No. 176  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Cocon State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Purson No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child 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 8 5. Legitimate? yes 6. Date of birth April 27/26  
 Month Day Year

8. FATHER  
 Full name Sam Haught

14. MOTHER  
 Full maiden name Carrie Hummelt

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

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

10. Color or race white 11. Age at last birthday 68 (Years)

16. Color or race white 17. Age at last birthday 41 (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 7 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 7  
 (b) Born alive but now dead ?  
 (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 9:30 (Born alive or stillborn.)  
9:30 a.m. on the date above stated

\* 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 Ch Rasser  
Physician  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
Ch Rasser Registrar  
 Address Purson, Ariz  
 Filed 5/1/26, 19 26 Ch Rasser Registrar

083-427-383

order of birth stated.