ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140

Registered No.

1. PLACE OF BIRTH

County Gila State Ariz

District or Township Payson or Village Payson

City No. St. Ward

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

2. Full name of child Fred Wilmer Crowson

{ 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

5. No., in order of birth 2nd

6. Legitimate? Yes

7. Date of birth May 12/26 (Month / Day / Year)

8. FATHER

Full name Fred Crowson

9. Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Iowa

(State or country)

13. Occupation Forest Ranger

Nature of Industry

14. MOTHER

Full maiden name Edith Lacuport

15 Residence (Usual place of abode) Payson Ariz

If non-resident, give place and state.

16 Color or race white

17. Age at last birthday 33 (Years)

18. Birthplace (city or place)

(State or country) Ariz

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 1:40 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 C. A. Risser

physician

(Physician or midwife).

Address Payson Ariz

Given name added from a supplemental report

Month, day, year

Registrar

Filed 3/20, 1926 C. A. Risser

Registrar

635-512-533

N. B.—In case of more than one child, a separate RETURN must be made for each, and the number or each in order of birth stated.