

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

State File No. 174
 Registered No. 43

1. PLACE OF BIRTH

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

2. Full name of child William Alfred Parsons
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>July 29 1926</u> Month Day Year
5. No., in order of birth _____				

8. FATHER
 Full name Alfred Brooks Parsons

14. MOTHER
 Full maiden name Phelma Hunkle

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

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

10. Color or race
White

11. Age at last birthday 26 (Years)

16. Color or race
White

17. Age at last birthday 17 (Years)

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

18. Birthplace (city or place)
 (State or country) Jopika Kansas

13. Occupation
 Nature of industry Carpenter
 Ray Con. Co.

19. Occupation
 Nature of industry House Wife

20. Number of children of this mother _____
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 0
 (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 _____ at _____ 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 H. ...
 (Physician or midwife)

Given name added from a supplemental report _____ Address Hayden Arizona

Month, day, year _____ Filed July 31 1926 M. B. Nash
 Registrar Registrar

672-729-388

MAKE UP IN ADVANCE - THIS IS A PERMANENT RECORD
 WRITE PLAINLY WITH UNFADING INK - SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
 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.