

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 153  
Registered No. 47

**1. PLACE OF BIRTH**

County Hayden 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 Baby Farmer (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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Aug 7 1924  
Month Day Year

8. FATHER  
Full name Wesley W. Farmer

14. MOTHER  
Full maiden name Bessie Fisher

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 of race White 11. Age at last birthday 30 (Years)

16. Color of race White 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Granby  
(State or country) Mo

18. Birthplace (city or place) Fanningo  
(State or country) Okla.

13. Occupation Pump station Op.  
Nature of Industry

19. Occupation House Wk  
Nature of Industry

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(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 \_\_\_\_\_ at 10 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 H. Smith  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year

Address Hayden Ariz

Registrar \_\_\_\_\_

Filed Aug 9 1926 W. D. D. D.  
Registrar

057-307-767

--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.