

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of Payson

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 125

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Annae Louisa Powers (If birth occurred in a hospital or institution, give its NAME instead of street and number)3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth 3, 10, 1928 (If child is not yet named, make supplemental report, as directed.)8. FATHER  
Full name Wesley Powers9. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state10. Color or race white 11. Age at last birthday 32 (Years)12. Birthplace (city or place) Texas  
(State or country)13. Occupation  
Nature of industry Truck Driver14. MOTHER  
Full maiden name Maggie Hunt15. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state16. Color or race white 17. Age at last birthday 22 (Years)18. Birthplace (city or place) Texas  
(State or country)19. Occupation  
Nature of industry Housewife

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. \_\_\_\_\_ (b) Born alive but now dead. \_\_\_\_\_ (c) Stillborn. \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:00 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. H. Reiser (Physician or midwife)  
Address Payson ArizGiven name added from a supplemental report \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_  
Month, day, year.

Registrar. Filed \_\_\_\_\_, 19 \_\_\_\_\_ Local Registrar.

County Registrar.

177-310-483