

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFAOING INK—THIS IS A PERMANENT RECORD
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.

SUPPLEMENT ATTACHED

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

State File No. 102

Registered No. 137

1. PLACE OF BIRTH

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

2. Full name of child

Cynthia Viola Watters { If child is not yet named, make supplemental report, as directed.

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

6. Legitimate?

Yes

7. Date of birth

8-3-1928
Month Day Year

8. FATHER

Full name William Toban Watters

9. Residence (Usual place of abode)

Globe, Ariz.
If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Water Valley Miss.

13. Occupation

Nature of industry

Auto Top man

14. MOTHER

Full maiden name Viola Marie Hagger

15. Residence (Usual place of abode)

Globe Ariz.
If non-resident, give place and state.

16. Color or race

White

17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

(State or country)

Winnepeg, Can.

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 1

(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 Born alive at 2:30 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

T. S. Harper

Physician

(Physician or midwife.)

Given name added from a supplemental report

Month, day, year

Address

Globe, Ariz.

Filed

9/13

1928

W. E. Wightman

Registrar

Registrar

362-803-589