

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

State File No. 114
 Registered No. 158

PLACE OF BIRTH
 County Yuma State Arizona

District or Township _____ or Village _____
 City Yuma No. St. Louis County Hosp. St. _____ Ward _____

2. Full name of child Houghton
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 None Legitimate? Yes
 5. No., in order of birth 2
 7. Date of birth Sept 4, 1928
 Month Sept Day 4 Year 1928

8. FATHER
 Full name Richard Edward Houghton

14. MOTHER
 Full maiden name Morane Jones

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

15. Residence (Usual place of abode) Claypool Arizona
 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 25 (Years)

12. Birthplace (city or place) Chihuahua Mexico
 (State or country)

18. Birthplace (city or state) Yuma Ariz
 (State or country)

13. Occupation Mechanic
 Nature of industry

19. Occupation H.W.
 Nature of industry

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 0
 (b) Born alive but now dead 0
 (c) Stillborn 2

21. Were precautions taken against ophthalmia neonatorum. No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 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 returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Smith

Given name added from a supplemental report _____ Address Yuma Arizona
 Month, day, year _____ (Physician or midwife)

Registrar _____ Filed 10/11, 1928 H. E. Wightman Registrar

085-904-512

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.