

WRITE PLAINLY WITH UNFADING 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.

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

State File No. 144  
Registered No. 185

**1. PLACE OF BIRTH**

County Gila State Arizona  
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 William Albert Watson { 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 1 6. Legitimate? yes 7. Date of birth Oct. 10, 1928  
Month Day Year

**8. FATHER**  
Full name Barney Albert Watson

**14. MOTHER**  
Full maiden name Helen Maurine Bell

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

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

10. Color or race white 11. Age at last birthday 24 (Years)

16. Color or race white 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Silverton  
(State or country) Colorado

18. Birthplace (city or place) Silverton  
(State or country) Colorado

13. Occupation Truck Driver  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother Two (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living one  
(b) Born alive but now dead one  
(c) Stillborn none 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 8:15 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. C. Harper  
physician (Physician or midwife).

Given name added from \_\_\_\_\_ Address Globe, Ariz.

Month, day, year \_\_\_\_\_ Filed 11/8, 1928 W. E. Lybina Registrar

Registrar

Registrar

665-1010-823