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

State File No. 182
Registered No. 93

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No.: Gila County Hosp St.: Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Chas Fullwood Watts

(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: 4 – 24 – 29 (Month Day Year)

8. FATHER

Full name: Thomas John Watts

9. Residence (Usual place of abode): Globe

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

10. Color or race: White

11. Age at last birthday: 36 (Years)

12. Birthplace (city or place): Elkhorn

(State or country): Mont.

13. Occupation

Nature of industry: Laundry wagon driver

14. MOTHER

Full maiden name: Mary Jane Fullwood

15. Residence (Usual place of abode): Globe

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

16. Color or race: White

17. Age at last birthday: 38 (Years)

18. Birthplace (city or place): Silver City

(State or country): N. M.

19. Occupation

Nature of industry: Housewife

20. Number of children of this mother: 4

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 4
(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 alive (Born alive ~~or stillborn.~~) at 11 00 A.m. on the date above stated

* 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 W Adams

Physician

(Physician or ~~midwife~~)

Given name added from a supplemental report: _____ Month, day, year

Registrar

Address: Box 636 Globe, Ariz

Filed 5/8, 1929 E. E. Wightman Reg

Registrar

362-424-464

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.

MAKE A CLEAN, WELL UNFOLDING, 1NS—THIS IS A PERMANENT RECORD