

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

State File No. 127
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village Payson
 City _____ No. _____ St. _____ Ward _____

2. Full name of child Harold Lucile Powers (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 M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes
 5. No., in order of birth 1 7. Date of birth 5 2 29
 Month Day Year

8. FATHER
 Full name Elmer Powers
 9. Residence (Usual place of abode) Payson Ariz.
 If non-resident, give place and state.
 10. Color or race W
 11. Age at last birthday 37 (Years)

14. MOTHER
 Full maiden name Mary Lucile Prewitz
 15. Residence (Usual place of abode) Payson Ariz.
 If non-resident, give place and state.
 16. Color or race W
 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Okla
 (State or country)
 13. Occupation
 Nature of Industry Barber & Shoemaker

18. Birthplace (city or place) Okla
 (State or country)
 19. Occupation
 Nature of Industry H M

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 11:40 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 Dr. C. H. Kisser

Given name added from a supplemental report _____ Address Payson Ariz. (Physician or midwife)
 Month, day, year _____
 Registrar _____ Filed _____, 19____ Registrar _____

872-502-433

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated. **THIS IS A PERMANENT RECORD.**