

supplement attached

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

State File No. 646
Registered No. 229

1. PLACE OF BIRTH
County Pinal State Arizona
District or Township
City Florence No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. Ward

2. Full name of child Robert Amos Hawkins (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 June 22, 1929 Month Day Year

8. FATHER
Full name Amos S. Hawkins

14. MOTHER
Full maiden name Alice May Payne

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

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

10. Color or race White 11. Age at last birthday 23 (Years)

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

12. Birthplace (city or place) Garden Arizona
(State or country)

18. Birthplace (city or state) Lardine Texas
(State or country)

13. Occupation } Guard of Arizona
Nature of industry } State Prison

19. Occupation Housewife
Nature of industry

20. Number of children of this mother. one (a) Born alive and now living one (b) Born alive but now dead. (c) Stillborn. 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 9:15 a.m. on the date above stated.
(Born alive or stillborn)

Signature: [Signature] Physician (Physician or midwife)

Given name added from a supplemental report Address Month, day, year

Registrars: [Signature] 6-30-29 [Signature] Registrar

980.6.2 475

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.