

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

State File No. **190**
 Local Registrar's No. **180**
 61

PLACE OF BIRTH

County Coila State _____

District or Township _____ or Village _____

City _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 Full name of child William Jesse Goodwin Jr. (If child is not yet named, make supplemental report, as directed.)

Sex of Child Male To be answered ONLY in event of plural births. Twin, triplet or other 6. Legitimacy Yes 7. Date of birth July 26 1929
 Month Day Year

FATHER
 11. Name William Jesse Goodwin
 Residence (Usual place of abode) Hayden
 If non-resident, give place and state _____

MOTHER
 14. Full maiden name Oliver Saunders
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state _____

Color or race White
 11. Age at last birthday 21 (Years)

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

Birthplace (city or place) Payson
 (State or country) Okla.
 Occupation Floatation Op.
 Nature of industry Copper Mill

18. Birthplace (city or place) Hotart
 (State or country) Oklahoma
 19. Occupation House Wif
 Nature of industry _____

Number of children of this mother _____
 (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (c) Stillborn _____
 21. Were precautions taken against epidemic neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. ...

Address Hayden Ariz
 (Physician or midwife)

Month, day, year _____
 Registrar July 27 1929
 675-726-127