

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

State File No. 564
 Registered No. 109

1. PLACE OF BIRTH

County Pima State ARIZ
 District or Township _____ or Village _____
 City Ajo No. N.E.C. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Horace Eugene Trahan (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 Oct 5 1929
Month Day Year

3. FATHER
 Full name Roy Trahan
 9. Residence (Usual place of abode) Ajo Ariz
 If non-resident, give place and state. Ariz

14. MOTHER
 Full maiden name Irene Harrison
 15. Residence (Usual place of abode) Ajo Ariz
 If non-resident, give place and state. Ariz

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

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

12. Birthplace (city or place) Texas
(State or country)

18. Birthplace (city or place) Plyote Texas
(State or country)

13. Occupation Copper Mining
 Nature of industry _____

19. Occupation H.W.
 Nature of industry _____

20. Number of children of this mother 1 (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 _____
 (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 Alive at 6:45 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 James H. Spikes

(Physician or midwife).

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

Filed Nov 16 1929 John S. Wood
 Registrar Registrar

835-1005-985