

Give the number of each.

In order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 73

2. Full name of child Morothy Jocelyn Brewer If child is not yet named, make supplemental report, as directed.  
3. Sex of Child F To be answered ONLY in event of plural births. M Male F Female  
4. No. in order of birth 1st  
5. Legitimate? yes  
6. Date of birth 9-8-29  
Month day year

8. FATHER  
Full name Madison Francis Brewer

14. MOTHER  
Full maiden name Mary Amelia Owen

9. Residence (Usual place of abode) Hayden Ariz.  
If nonresident, give place and state

15. Residence (Usual place of abode) Hayden, Ariz.  
If nonresident, give place and state

10. Color or race White  
11. Age at last birthday 40 (Years)

16. Color or race White  
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Albuquerque New Mex  
(State or country)

18. Birthplace (city or place) Pima Ariz  
(State or country)

13. Occupation Skinner  
Nature of industry Riverb. furnace

19. Occupation H. W.  
Nature of industry

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 8  
(b) Born alive but now dead 1  
(c) Stillborn 2  
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 or stillborn) at 2 A. 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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Signature F. R. Winalow (Physician or midwife)  
Address Hayden, Ariz  
Filed Sept 11, 1929 Local Registrar. M. B. Drell  
Registrar. \_\_\_\_\_ County Registrar. \_\_\_\_\_

429-908-465