

A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 170  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Winkelman St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Douglas Moore Watkins 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. Legitimate?** Yes  
**6. Date of birth** Sept 23 1929  
Month Day Year

**8. Full name** Samuel Moore Watkins FATHER **14. Full maiden name** Knight Judge MOTHER

**9. Residence (Usual place of abode)** Winkelman **15. Residence (Usual place of abode)** Winkelman  
If non-resident, give place and state.

**10. Color or race** White **16. Color or race** White  
**11. Age at birth** 47 (Years) **17. Age at last birthday** 3 (Years)

**12. Birthplace (city or place)** San Marcos **18. Birthplace (city or place)** Coloan  
(State or country) Texas (State or country) Alabama

**13. Occupation** Clerk **19. Occupation** House wife  
Nature of industry grocery 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 \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_ **21. Were precautions taken against ophthalmic 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 \_\_\_\_\_ City on the \_\_\_\_\_ Day of \_\_\_\_\_ Month in 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 evidence of life after birth.

Signature Charles B. Matthews

(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year

Address Hayden Ariz

Filed Oct 9, 1929 P. J. Matthews  
Registrar

Registrar

Registrar

462-923-515