

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

State File No. 206  
 Local Registrar's No. 277

**1. PLACE OF BIRTH**

County Graham State Arizona  
 District or Township Pima or Village \_\_\_\_\_  
 City Pima No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Jack Barton Haws  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number  
 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 8 6. Legitimate? yes  
 5. No., in order of birth 8 7. Date of birth Oct 26-1929  
 Month Day Year

**FATHER**  
 8. Full name Albert Marconi Haws  
 9. Residence (Usual place of abode) Pima  
 If non-resident, give place and state.  
 10. Color or race White Amer  
 11. Age at last birthday 41 (Years)  
 12. Birthplace (city or place) Central  
 (State or country) Arizona  
 13. Occupation Agt. Washing Machine  
 Nature of industry

**MOTHER**  
 14. Full maiden name Alice R. Bluff  
 15. Residence (Usual place of abode) Pima  
 If non-resident, give place and state. Arizona  
 16. Color or race White Amer  
 17. Age at last birthday 35 (Years)  
 18. Birthplace (city or place) Pima  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 8  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (b) Born alive but now dead 3  
 (c) Stillborn 0  
 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 4:20 a.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.  
 Given name added from a supplemental report. \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Signature Red Ryden MD  
 (Physician or midwife)  
 Address Pima, Ariz  
 Filed Nov 9 1929 J. N. Stallan Registrar  
H. D. G.

Registrar  
182-1026-136