

## PLACE OF BIRTH

1. County of Maricopa  
 District of Buckeye  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 339  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 53

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Lawrence Couch { 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov. 11 '29  
 Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER Full name Robert Reese Couch 9. Residence (Usual place of abode) Buckeye  
 If non-resident, give place and state. 14. MOTHER Full maiden name Magaly Ellen Hooten 15. Residence (Usual place of abode) Buckeye  
 If non-resident, give place and state.

10. Color or race Caucasian 11. Age at last birthday 20 (Years) 16. Color or race Cauc. 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Buckeye (State or country) Ariz. 18. Birthplace (city or place) Magdalena (State or country) N. M.

13. Occupation Farmer Nature of industry \_\_\_\_\_ 19. Occupation Housewife 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 1 (b) Born alive but now dead 0 (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 10 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.  
 Signature Edward Kocher MD (Physician or midwife).  
 Address Buckeye Ariz

Given name added from supplemental report. Filed Nov 12 29 E. G. Henderson Local Registrar.  
 Month, day, year

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar

Registrar

County Registrar

936-111-785