

PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

179

1. County of Pima

District of \_\_\_\_\_

Town of Payson

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. \_\_\_\_\_

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Meyers  
(If child is not yet named, make supplemental report, as directed.)3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. 2 6. Legitimate? Yes 7. Date of birth 12-25-29  
Month Day Year8. FATHER  
Full name John H. Meyers  
9. Residence (Usual place of abode) Payson  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race W  
11. Age at last birthday 28 (Years)14. MOTHER  
Full maiden name Mona Spillers  
15. Residence (Usual place of abode) Payson, Ariz  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race W  
17. Age at last birthday 21 (Years)12. Birthplace (city or place) Ariz  
(State or country)18. Birthplace (city or place) New, M.  
(State or country)13. Occupation  
Nature of industry Cowboy19. Occupation  
Nature of industry H.W.20. Number of children of this mother 2 (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) (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 11:45 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 W. H. Kisser (Physician or midwife.)Address Payson Ariz

Given name added from a supplemental report

Filed \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar.

Month, day, year

Filed 12/31/29 County Registrar.

Registrar

042-1225-121