

CERTIFICATE AMENDED
SEE NOTATION

Child's name amended as per Affidavit, also
from Social Security Records. 10-16-75 ⁸⁰⁰

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

State File No. 187

Registered No. 19

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hoops St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Marian Virginia Gila ZELE (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 7. Date of birth 1-23-27
Month Day Year

8. FATHER
Full name Frank Henry Zele
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz.

14. MOTHER
Full maiden name Mary Catherine Folk.
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona

10. Color or race White
11. Age at last birthday 31 (Years)

16. Color or race White
17. Age at last birthday 27 (Years)

12. Birthplace (city or place) _____
(State or country) Ohio

18. Birthplace (city or place) Frostburg
(State or country) Maryland

13. Occupation Stationary
Nature of Industry Engineer

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother 1
(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 6:10 P. 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 [Signature]
Physician or midwife

Given name added from a supplemental report _____ Address Globe Ariz
Month, day, year _____ Filed 1-31-27 Registrar M. M. Fort

495-123-462

N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.