

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

State File No. 189
Registered No. 20

1. PLACE OF BIRTH

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

2. Full name of child Pearl Eva Randall (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes.</u>	7. Date of birth <u>1-24-27</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Walter Ryan Randall
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona
10. Color or race white
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Stamton, Illinois
(State or country)
13. Occupation
Nature of industry Garage man.

14. MOTHER
Full maiden name Nancy Viola Maxwell
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz.
16. Color or race white
17. Age at last birthday _____ (Years)
18. Birthplace (city or place) Shirley Arkansas
(State or country)
19. Occupation
Nature of industry Housewife.

20. Number of children of this mother <u>3</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 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 [Signature]
Physician
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Globe, Ariz.
Filed 1-31-27 1927 St. J. Horat
Registrar Registrar

793-124-543

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, an order of birth stated.