

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 108
Registered No. 14

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Melba Erline Reynolds
(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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other no 6. Legitimate? yes 7. Date of birth Feb. 1, 1927
Month Day Year

8. FATHER
Full name Earl C. Reynolds
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Pima, Arizona
(State or country)
13. Occupation Laborer
Nature of Industry

14. MOTHER
Full maiden name Vivian Returah Bryce
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Rice, Arizona
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother two
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living one
(b) Born alive but now dead one
(c) Stillborn none
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 5:10 p. 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 T. G. Harper, M.D.
physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Globe, Arizona

Filed 1-31, 27 St. J. Horst
Registrar

492-201-525