

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

State File No. 131
 Registered No. 35

1. PLACE OF BIRTH

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

2. Full name of child Betty Jo Hale { 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 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Feb. 10, 1927
 Month Day Year

8. FATHER
 Full name William Hale

14. MOTHER
 Full maiden name Mathie Lee Lay

9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

10. Color or race white

16. Color or race white

11. Age at last birthday 25 (Years)

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Erath County Texas
 (State or country)

18. Birthplace (city or place) Erath County Texas
 (State or country)

13. Occupation
 Nature of Industry Boiler maker

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother one (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 none (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 8:30 A.M. on the date above stated (Born alive or stillborn.)

Signature J.C. Harper (Physician or midwife)

Address Globe, Arizona

Filed 2-28 1927 Registrar J. St. Horst

Given name added from a supplemental report _____ Month, day, year _____ Registrar _____

285-210-438

and the number of each in

at least of

child at a birth, a SEI