

WRITE PRINTED WITH UNFADING INK - 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.

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

State File No. 173  
 Registered No. 45

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

2. Full name of child Louise Irene Cannon (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F. To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth. \_\_\_\_\_ 7. Date of birth 2-25-27  
 Month Day Year

8. FATHER  
 Full name Edward Maxwell Cannon  
 9. Residence San Gabriel Calif.  
(Usual place of abode)  
 If non-resident, give place and state.  
 10. Color or race White  
 11. Age at last birthday 33 (Years)  
 12. Birthplace (city or place) Pottstown  
(State or country) Illinois  
 13. Occupation  
 Nature of industry Farmer

14. MOTHER  
 Full maiden name Elva Claire Buettner  
 15. Residence San Gabriel  
(Usual place of abode)  
 If non-resident, give place and state. California  
 16. Color or race White  
 17. Age at last birthday 29 (Years)  
 18. Birthplace (city or place) Hartney  
(State or country) Manitoba, Canada  
 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 11:24 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 or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Globe, Ariz.  
 Month, day, year \_\_\_\_\_  
 Filed 2-28, 1927 St. J. Hunt  
 Registrar Registrar

335-225-529