

N. 3.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number each in order of birth stated.

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

State File No. 188
Registered No. 17

1. PLACE OF BIRTH

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

2. Full name of child

Madine Cole

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth

Feb-13-1927
Month Day Year

Female

5. No., in order of birth. X

Yes

8.

FATHER

Full name

Marion C Cole

14.

MOTHER

Full maiden name

Clella Higgins

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Safford

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Safford

10. Color or race

White

11. Age at last birthday 21 (Years)

16. Color or race

White

17. Age at last birthday 21 (Years)

12. Birthplace (city or place)

(State or country)

Arizona

18. Birthplace (city or place)

(State or country)

Arizona

13. Occupation

Nature of industry

Farmer

19. Occupation

Nature of industry

House wife

20. Number of children of this mother

2nd

(a) Born alive and now living 2

(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 alive at 12:20 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 J. H. Statten
(Physician or Midwife)

Address Safford

Filed March 9, 1927 J. H. Statten
Registrar

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

535-213-362