

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

State File No. 127  
 Registered No. 65

PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Bert Jallon Rempton (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 male To be answered ONLY in event of plural births.  4. Twin, triplet or other  6. Legitimate? yes  
 5. No., in order of birth 1 7. Date of birth March 7, 1927  
 Month Day Year

8. FATHER  
 Full name Ray Colvin Rempton  
 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 22 (Years)  
 12. Birthplace (city or place) Eden  
 (State or country) Arizona  
 13. Occupation  
 Nature of Industry Electrician

14. MOTHER  
 Full maiden name Mabel Elizabeth Jallon  
 15. Residence (Usual place of abode) Globe, Ariz.  
 If non-resident, give place and state.  
 16. Color or race white  
 17. Age at last birthday 22 (Years)  
 18. Birthplace (city or place) De Lamar,  
 (State or country) Idaho  
 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 7 A. m. on the date above at  
 (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. C. Harper  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Globe, Arizona

Month, day, year \_\_\_\_\_  
 Filled H. A. Host Registrar

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