

B-1. If case of more than one child at a birth, a SEPARATE form shall be made for each, and the number of in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
County Registrar No. _____
Local Registrar No. 60

1. County of Gila
District of _____
Town of _____
or Globe
City of _____

No. 405 S. 3rd
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____

2. Full name of child Glenna May Riggs } 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. Yes 5. Legitimate? Yes 6. Date of birth 3 8 27
Month day year

5. FATHER
Full name Glenn S. Riggs
9. Residence (Usual place of abode) 405 S. 3rd
If nonresident, give place and state _____

14. MOTHER
Full maiden name May Hazelwood
15. Residence (Usual place of abode) 405 S. 3rd
If nonresident, give place and state _____

10. Color or race White
11. Age at last birthday 32 (Years)

16. Color or race White
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Chelsea, Okla
(State or country)

18. Birthplace (city or place) Young, Ariz
(State or country)

13. Occupation
Nature of industry Yard man

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (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 _____
(c) Stillborn _____
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 1:30 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 evidences of life after birth.
Signature G. E. Wightman (Physician or midwife)
Address Globe, Arizona

Given name added from a supplemental report _____
Month, day, year. Filed 3-31-27 M. St. Horst Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

792-308-4214