

WRITING IN THIS IS A CHANGE IN RECORD. SEPARATE RETURN must be made for each, and the number of each. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

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

State File No. 130<sup>0</sup>  
 Registered No. 76

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

2. Full name of child Lena Vivian Brewer

{ 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Mar 8 1927  
 Month Day Year

8. FATHER  
 Full name Mathew Brewer  
 9. Residence (Usual place of abode) Globe, Ariz.  
 If non-resident, give place and state. \_\_\_\_\_  
 10. Color or race White  
 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) New Mexico  
 (State or country) \_\_\_\_\_  
 13. Occupation Miner  
 Nature of industry \_\_\_\_\_

14. MOTHER  
 Full maiden name Maudie Owen  
 15. Residence (Usual place of abode) Brewer, Ariz.  
 If non-resident, give place and state. \_\_\_\_\_  
 16. Color or race White  
 17. Age at last birthday 32 (Years)

18. Birthplace (city or place) Pima  
 (State or country) Grand County, Ariz.  
Unknown  
 19. Occupation \_\_\_\_\_  
 Nature of industry Housewife

20. Number of children of this mother 9  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 7  
 (b) Born alive but now dead 2  
 (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 alive at 2:40 a. m. on the date above stated  
 (born, live 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 D. B. Madson  
 \_\_\_\_\_  
 (Physician or midwife).

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

Filed 4-30-27 W. St. Horst  
 Registrar

529-306-1465