ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 137

Registered No. 68

1. PLACE OF BIRTH

County: Gila 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: Marguerite Annette Overman { 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: March 10, 1927 (Month Day Year)

FATHER

8. Full name: Clyde Alford Overman

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: 28 (Years)

12. Birthplace (city or place): Ridgeway

(State or country): California

13. Occupation: Miner

Nature of industry:

MOTHER

14. Full maiden name: Elizabeth Emily Walker

15. Residence (Usual place of abode): Globe, Arizona

If non-resident, give place and state.

16. Color or race: White

17. Age at last birthday: 30 (Years)

18. Birthplace (city or place): Corpus Christi,

(State or country): Texas

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: Two

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: Two

(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 (Born alive or stillborn.) at 6:05 p.m. on the date above stated

* 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 (Physician or midwife).

Address: Globe, Arizona.

Given name added from a supplemental report: Month, day, year

Registrar

Filed: 3-31, 1927 W. H. Horst Registrar

465 – 310 – 569