

amendment attached

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

State File No. 156  
Registered No. 52

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Globe 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 Michael Leon Sanks (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 \_\_\_\_\_ 7. Date of birth 3 17 27  
Month Day Year

8. FATHER Full name Harold Leon Sanks

14. MOTHER Full maiden name Fannie May Smith

9. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 26 (Years)

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

12. Birthplace (city or place) Grandin Mo  
(State or country)

18. Birthplace (city or place) Woodland Texas  
(State or country)

13. Occupation Nature of Industry Fireman

19. Occupation Nature of Industry Housewife

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
(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 Born alive at 7:15 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 evidence of life after birth.

Signature [Signature]  
Physician or \_\_\_\_\_  
(Physician or \_\_\_\_\_)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Globe Arizona

Filed 3-31-27 [Signature]  
Registrar

Registrar

Registrar

822-317-628

NOTE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. IN CASE OF ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH ORDER OF BIRTH NOTED.