

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

State File No. 165  
 Registered No. 53

**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 Winsby Colvin

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes.</u>	7. Date of birth <u>3-20-27</u> Month Day Year
		5. No., in order of birth _____		

**8. FATHER**  
 Full name Alonzo Colvin  
 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 40 (Years)  
 12. Birthplace (city or place) Arizona  
 (State or country)  
 13. Occupation  
 Nature of industry laborer

**14. MOTHER**  
 Full maiden name Clara Beal  
 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 30 (Years)  
 18. Birthplace (city or place) Twin, Arizona  
 (State or country)  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother <u>5</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 10 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 C. W. Adams  
 \_\_\_\_\_  
 (Physician or midwife)

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

Month, day, year \_\_\_\_\_  
 Filed 3-31-27 W. St. Host  
 Registrar \_\_\_\_\_ Registrar

635-320-323

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