

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

State File No. 168  
 Registered No. 85

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_

2. Full name of child Mary Elizabeth Warren If birth occurred in a hospital or institution, give its NAME instead of street and number. St. \_\_\_\_\_ Ward \_\_\_\_\_

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 1 6. Legitimate? yes 7. Date of birth Apr. 17, 1927 (If child is not yet named, make supplemental report, as directed.)  
 Month Day Year

**FATHER**  
 8. Full name Grantley Warren

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 26 (Years)

12. Birthplace (city or place) Michigan  
 (State or country)

13. Occupation Chemist  
 Nature of industry

**MOTHER**  
 14. Full maiden name Dora Frances Tucker

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 24 (Years)

18. Birthplace (city or place) Pecos, Texas  
 (State or country)

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother one  
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living one (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 at 2:28 p.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 T. C. Harper  
Physician (Physician or midwife).  
 Address Globe, Arizona

Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_  
 Filed 4-30, 1927 M. J. Horst  
 Registrar

465-417-429