

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

State File No. 134  
Registered No. 98

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. 269 E. Cedar St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Catherine Lou Coppel (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 5-3-27  
Month Day Year

**8. FATHER**  
Full name Robert S. Coppel  
9. Residence (Usual place of abode) Roosevelt, Arizona  
If non-resident, give place and state.  
10. Color or race White  
11. Age at last birthday 34 (Years)  
12. Birthplace (city or place) Glasco, Kansas  
(State or country)  
13. Occupation Forest Service  
Nature of Industry

**14. MOTHER**  
Full maiden name Comfort Neal  
15. Residence (Usual place of abode) Roosevelt, Arizona  
If non-resident, give place and state.  
16. Color or race White  
17. Age at last birthday 33 (Years)  
18. Birthplace (city or place) Petersburg, Penn.  
(State or country)  
19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 2 (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) 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 11:45 A.M. on the date above stated  
(Born alive or stillborn.)  
Signature G. E. Wigham G. E.  
(Physician or midwife.)

\*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.  
Given name added from \_\_\_\_\_ Address Globe, Arizona  
a supplemental report \_\_\_\_\_ Month, day, year 5-31-27  
Registrar \_\_\_\_\_ Registrar W. M. Hunt

MARGIN RESERVED FOR BINDING  
WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

335-503-355