

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

State File No. 173
 Registered No. 100

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. 341 E. Ash St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child loyd Harry Nations { 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 5 19 27
Month Day Year

8. FATHER
 Full name Harry Nations

14. MOTHER
 Full maiden name Mildred Martin

9. Residence (Usual place of abode) 341 E. Ash
 If non-resident, give place and state.

15. Residence (Usual place of abode) 341 E. Ash
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 20 (Years)

16. Color or race White
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Franklyn, Ariz
(State or country)

18. Birthplace (city or place) Benson, Ariz
(State or country)

13. Occupation
 Nature of industry Locomotive fireman

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
 (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 _____ at _____ 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 G. E. [unclear] M.D.
Globe, Arizona
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
 Month, day, year _____

Registrar _____ Filed 5-31-27 W. W. Howard Registrar

342-519-445

WRITE PLAINLY 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.
 COMMUNITY RESEARCH CENTER BIRMINGHAM