

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Globe

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 135

County Registrar No. \_\_\_\_\_

Local Registrar No. 129

(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Richard Guy Hamilton 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.  Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes7. Date of birth June 5, 1927  
Month June day 5 year 1927

8. No. in order of birth \_\_\_\_\_

9. FATHER  
Full name Edwin Frank Hamilton14. MOTHER  
Full maiden name Ester Emma Beedle9. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state15. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state10. Color or race white16. Color or race white11. Age at last birthday 33 (Years)17. Age at last birthday 20 (Years)12. Birthplace (city or place) Harrison, Arkansas  
(State or country)18. Birthplace (city or place) Chase County, Kansas  
(State or country)13. Occupation  
Nature of industry Miner19. Occupation  
Nature of industry Housewife20. Number of children of this mother (a) Born alive and now living one  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead none  
(c) Stillborn none21. 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 1:55 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 evidences of life after birth.

Signature T. C. Harper, M.D.  
(Physician or midwife)Address Globe, ArizonaGiven name added from \_\_\_\_\_  
supplemental report \_\_\_\_\_  
Month, day, year.Filed 6-30 1927 W. H. Hester  
Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_  
County Registrar.

985-605-525

N. B.—In case of more than one child at a birth, a separate certificate should be filed for each child in order of birth stated.