

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

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

Town of Hayden

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

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

Local Registrar No. 42

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Glena Ruth Rowland (If child is not yet named, make supplemental report, as directed.)3. Sex of Child Female To be answered ONLY In event of plural the 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth June 10 1927

5. No., in order of birth. \_\_\_\_\_ Month Day Year

8. FATHER Full name Grady Rowland9. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.10. Color of race White11. Age at last birthday 25 (Years)12. Birthplace (city or place) Dennison  
(State or country) Texas13. Occupation floor walker  
Nature of industry Copper Mill14. MOTHER Full maiden name Dolly Anderson15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.16. Color of race White17. Age at last birthday 20 (Years)18. Birthplace (city or place) Dennison  
(State or country) Texas19. Occupation Housewife  
Nature of industry \_\_\_\_\_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 1 (c) Stillborn \_\_\_\_\_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 3:30 p m. of the date above stated\* 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 Charles Stuebe M.D. (Physician of \_\_\_\_\_)  
Address Hayden, ArizonaGiven name added from a supplemental report \_\_\_\_\_ Filed June 11 1927 W.D. Park Local Registrar.Month, day, year 794-610-415  
RegistrarFiled \_\_\_\_\_ 19\_\_\_\_  
County Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth stated.