

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

State File No. 149
 Registered No. 166

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township _____ or Village Pinal Road
 City Globe No. _____ St. _____ Ward _____

2. Full name of child Thelma Louise Snippen (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (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 8 13 1927
 Month Day Year

11. FATHER
 1. Full name John M. Snippen
 1. Residence (Usual place of abode) Pinal Road
 If non-resident, give place and state. _____
 2. Birthplace (city or place) Las Alamos
 (State or country) New Mexico
 3. Occupation
 Nature of industry Mechanic

14. MOTHER
 Full maiden name Ella L. Boax
 15. Residence (Usual place of abode) Pinal Rd
 If non-resident, give place and state. _____
 16. Color or race White 17. Age at last birthday 32 (Years)
 18. Birthplace (city or place) Parkersmith, Ark.
 (State or country) _____
 19. Occupation
 Nature of industry Housewife

8. Number of children of this mother _____ (a) Born alive and now living 7
 Taken as of time of birth of child herein certified and including this child. (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was pernatore at 7:05 a.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. Wightman, M.D.

Given name added from supplemental report _____ Address Globe, Arizona
 Month, day, year _____ (Physician or midwife)

Filed 8-31-27 19 W. D. Horst
 Registrar Registrar

325-813-522