

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

County of Gila

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

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

or Globe  
City of \_\_\_\_\_BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 161

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

Local Registrar No. 176

(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Full name of child Melvin Kenneth Mallett } If child is not yet named, make supplemental report, as directed.

Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other no 6. Legitimate? yes 7. Date of birth Aug 16 1927  
 5. No., in order of birth \_\_\_\_\_ Month 08 day 16 year 1927

3. FATHER  
 Full name Melvin Pace Mallett  
 1. Residence (Usual place of abode) Globe, Arizona  
 If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
 Full maiden name Cora Elizabeth Fitz Gibbons  
 15. Residence (Usual place of abode) Globe, Arizona  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race white  
 11. Age at last birthday 23 (Years)  
 2. Birthplace (city or place) Gowa, Texas  
 (State or country) \_\_\_\_\_

16. Color or race white  
 17. Age at last birthday 25 (Years)  
 18. Birthplace (city or place) Gaines County, Texas  
 (State or country) \_\_\_\_\_

13. Occupation  
 Nature of industry Miner

19. Occupation  
 Nature of industry Housewife

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 one 21. Were precautions taken against ophthalmia neonatorum? yes  
 (b) Born alive but now dead one  
 (c) Stillborn none

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 p. 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. Given name added from supplemental report \_\_\_\_\_  
 Signature T. C. Harper, M. D. (Physician ~~midwife~~)  
 Address Globe, Arizona  
 Filed 8-31 1927 J. H. Nowl Local Registrar.

Month, day, year. \_\_\_\_\_  
 Registrar. \_\_\_\_\_ County Registrar. \_\_\_\_\_

443-816-372