

PLACE OF BIRTH

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. 177

County Registrar No. _____

Local Registrar No. 178Full name of child Arthur Nelson Trevillyan
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Sex of Child

maleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date of birth Aug 22, 1927
Month day year

5. No., in order of birth _____

3. FATHER
Full name Arthur Stanley Trevillyan1. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state9. Color or race white2. Birthplace (city or place) (State or country) England13. Occupation
Nature of industry minerNumber of children of this mother _____
taken as of time of birth of child herein (a) Born alive and now living two
deceased and including this child. (b) Born alive but now dead none
(c) Stillborn none14. MOTHER
Full maiden name Annie Leona Lunday15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state16. Color or race white18. Birthplace (city or place) (State or country) Globe, Arizona19. Occupation
Nature of industry Housewife21. Were precautions taken against ophthalmia neonatorum? yesI hereby certify that I attended the birth of this child, who was born alive 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.
When name added from supplemental reportSignature T. C. Harper, M.D.
(Physician)Address Globe, ArizonaMonth, day, year. Filed 8-31-27

Registrar. Filed _____ Local Registrar.

County Registrar.

135-822-178