

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

State File No. 155
 Registered No. 192

1. PLACE OF BIRTH
 County Globe State Arizona
 District or Township _____ or Village _____
 City Globe No. 450 St. Kline St.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Louise Tallon
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child girl To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
 7. Date of birth 9 18 1927
Month Day Year

8. FATHER
 Full name Harry Tallon
 9. Residence (Usual place of abode)
 If non-resident, give place and state. 450 Kline St.

14. MOTHER
 Full maiden name Conie Smith
 15. Residence (Usual place of abode)
 If non-resident, give place and state. 450 Kline St.

10. Color or race White
 11. Age at last birthday 30 (Years)

16. Color or race White
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Idaho
(State or country)

18. Birthplace (city or place) Buck Texas
(State or country)

13. Occupation
 Nature of industry Printer

19. Occupation
 Nature of industry Housewife

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 _____
 (b) Born alive but now dead _____
 (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 _____ at _____ on the date above stated

Signature S. E. Wightman, M.D.
(Physician or midwife)

Address Globe, Arizona

Filed Sept 30 1927 Registrar W. J. Stinson

*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.

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____

535-918-328