

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

State File No. 157
 Registered No. 200

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township Globe or Village _____
 City Globe No. Tela County Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Cleveland Ronald Woods

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Male

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

Sept 19 1927
 Month Day Year

8. FATHER
 Full name Ben M. Donald Woods

9. Residence
 (Usual place of abode)
Globe
 If non-resident, give place and state _____

10. Color of race
White

11. Age at last birthday 31 (Years)

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

13. Occupation
 Nature of industry Mechanic

14. MOTHER
 Full maiden name Leticia Olsen

15. Residence
 (Usual place of abode)
Globe
 If non-resident, give place and state _____

16. Color of race
White

17. Age at last birthday 21 (Years)

18. Birthplace (city or place)
Globe, Ariz
 (State or country)

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 4
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4
 (b) Born alive but now dead none
 (c) Stillborn none

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 _____ P. 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 [Signature]

 (Physician or midwife)

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

Address Globe, Ariz

Filed Sept 30, 1927 W. W. Hoyt
 Registrar

Registrar

462-919-265

ver of each in

Birth