

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 173

Registered No. 206

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe Gila 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 Le Roy Shelton Tucker { 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 _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth Sept 25 1927
Month Day Year

8. FATHER
 Full name Le Roy Tucker

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

10. Color or race White 11. Age at last birthday 27 (Years)

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

13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Ruth Hicks

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

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

18. Birthplace (city or place) Reese
(State or country)

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 1
 (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 alive at 6:15 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 D. B. Madson
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed 9-30 27 D. V. Horst
 Registrar Registrar

339-928-982