

PLACE OF BIRTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177
 County Registrar No. 218
 Local Registrar No. 218

No. 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 Arthur Willis Mayne

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

3. Sex of Child
 To be answered ONLY in event of plural births.
male

4. Twin, triplet or other.....

6. Legitimate?

7. Date of birth 10-29-27
 Month Day Year

5. No., in order of birth.....

yes

8. FATHER
 Full name Arthur Stanley Mayne
 9. Residence (Usual place of abode)
 If non-resident, give place and state Globe Arizona

14. MOTHER
 Full maiden name Helen Esther Peterson
 15. Residence (Usual place of abode)
 If non-resident, give place and state Globe, Arizona

10. Color or race
white
 11. Age at last birthday 29 (Years)

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

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

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

13. Occupation
 Nature of industry laborer

19. Occupation
 Nature of industry House wife

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 0
 (c) Stillborn 0

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 born alive at 9:15 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 evidence of life after birth.

Signature C. W. Adams (Physician or midwife)
 Address Box 636, Globe, Arizona

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

Filed 10-31-27 S. S. Horst

Local Registrar.

Registrar

Filed _____ 19____

County Registrar.

145-1029-875