

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Esila
 District of _____
 Town of _____
 or Globe
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119
 County Registrar No. _____
 Local Registrar No. 236

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aleene Ivie } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 Nov. 8, 1927
 Month day year

8. FATHER
 Full name Kent Ivie

14. MOTHER
 Full maiden name Floy Hunt

9. Residence (Usual place of abode) Globe Ariz.
 If nonresident, give place and state

15. Residence (Usual place of abode) Globe Ariz.
 If nonresident, give place and state

10. Color or race White
 11. Age at last birthday 28 (Years)

16. Color or race _____
 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) Cortez
 (State or country) Colorado

13. Occupation mill operator at
 Nature of industry Copper mine

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.) }
 21. Were precautions taken against Yes
 thalimia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:50 A.
 (Born alive or stillborn.) _____ m. on the date above stated.

*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.
 Signature T. C. Harper (Physician ~~midwife~~)
 Address Globe Ariz.

Given name added from a supplemental report _____
 Month, day, year. _____ Filed 11 30 1927 _____
 Registrar. _____ Local Registrar. _____
 County Registrar. _____

195-1108-683