

N. D. RECORD  
 each, and the number of each.

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

State File No. 147  
 Registered No. 501

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. 512 B Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Adean Marie Whalley

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

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>	6. Date of birth <u>Nov. 19, 1927</u> Month Day Year
5. No., in order of birth _____				

8. FATHER  
 Full name Robert John Whalley

14. MOTHER  
 Full maiden name Galdie Marie Lee

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

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

10. Color or race White  
 11. Age at last birthday 36 (Years)

16. Color or race White  
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Los Angeles  
 (State or country) California

18. Birthplace (city or place) Central  
 (State or country) Arizona

13. Occupation Dairy Proprietor  
 Nature of industry \_\_\_\_\_

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother <u>3</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>1</u>	
	(c) Stillborn <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 8 P m. on the date above stated  
(Born alive or stillborn.)

Signature J. E. Miller  
(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Registrar H. E. Brown Registrar

168-1119-735

N. D. - In case of more than one child at a