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

State File No. \_\_\_\_\_  
Registered No. 21

1. PLACE OF BIRTH

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

2. Full name of child Barbara Caroline Burns  
(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 Jan, 19, 1930  
Month Day Year

8. FATHER  
Full name Andrew Burns  
9. Residence (Usual place of abode) Globe Ariz  
If non-resident, give place and state.  
10. Color or race White  
11. Age at last birthday 28 (Years)  
12. Birthplace (city or place) Pittsburgh Pa.  
(State or country)  
13. Occupation Hoisting Engineer  
Nature of industry

14. MOTHER  
Full maiden name Pauline Ryviers  
15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.  
16. Color or race White  
17. Age at last birthday 24 (Years)  
18. Birthplace (city or place) Tempe Ariz.  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 0  
(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 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 J. C. Harper  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona  
Month, day, year \_\_\_\_\_

Filed 2/10 1930 W. E. Wightman Registrar

Registrar

222-119-792

SEPARATE AND A DRAIN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH ENTERED.