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

State File No. 200  
Registered No. 13

1. PLACE OF BIRTH

County Gila State Arizona  
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 Gloria Dorothy Brewer { 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, triple or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Jan. 22, 1930  
Month Day Year

8. FATHER  
Full name Henry Parker Brewer

14. MOTHER  
Full maiden name Lorena Menger

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

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

10. Color or race White

11. Age at last birthday 30 (Years)

16. Color or race White

17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) San Antonio  
(State or country) Texas

13. Occupation  
Nature of industry Laborer

19. Occupation  
Nature of industry Housewife

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 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 alive at 8:55 P 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 C. W. Adams  
Physician  
(Physician or Midwife)

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

Address Box 636 Globe Ariz

Filed 2/10 1930 G. E. Wightman Registrar

729-122-349

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.