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

State File No. 206
Registered No. 23

1. PLACE OF BIRTH

County Gila 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 Bruce Merlin Donaldson (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male 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. 24, 1920
Month Day Year

8. FATHER
Full name Merlin John Donaldson14. MOTHER
Full maiden name Pauline Esther Milliken9. 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 22 (Years)16. Color or race White 17. Age at last birthday 24 (Years)12. Birthplace (city or place) Mexico
(State or country)18. Birthplace (city or place) Silver City New Mex
(State or country)13. Occupation Locomotive Fireman
Nature of Industry19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(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 5:10 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 T. C. HarperAddress Globe, Arizona (Physician or midwife).Given name added from a supplemental report _____
Month, day, year _____Filed 2/10 1920 B. E. Wightman Registrar
245-124-744

Registrar

Registrar

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.