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

State File No. 210  
Registered No. 14

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 Carl Amandus M<sup>c</sup>Comas { 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 26, 1930  
Month Day Year

8. FATHER  
Full name John M<sup>c</sup>Comas  
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) Oklahoma  
(State or country)  
13. Occupation Laborer  
Nature of Industry

14. MOTHER  
Full maiden name Odessa Locum  
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 19 (Years)  
18. Birthplace (city or place) Texas  
(State or country)  
19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 3 (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 1  
(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 noon 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 \_\_\_\_\_ Address Box 636 Globe Ariz  
Month, day, year \_\_\_\_\_

Filed 2/10 1930 H. E. Wightman Registrar

Registrar

342-726-1564

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.