

Must be made for each, and the number of each in

order of birth stated.

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

278930
State File No. 278930
Registered No. 25

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 Stella Mae League (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 4th 6. Legitimate? _____ 7. Date of birth Jan 29 1930
Month Day Year

8. FATHER
Full name Frank League

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 40 (Years)

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

13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Concha Lindola

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

16. Color or race Mexican 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Los Cabos
(State or country) Ariz.

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 8 (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 3
(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 6:30 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 T. C. Harper
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed 2/10 1930 B. E. Weyhman Registrar

235-129-351