

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

State File No. 33
Registered No. 33

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 Sheila Catherine Laughran
(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 Sept. 18, 1930
Month Day Year

8. FATHER
Full name Edward Laughran
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz.
10. Color or race White
11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Ledgate
(State or country) England
13. Occupation
Nature of Industry Grocery clerk

14. MOTHER
Full maiden name Mary Murray
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 28 (Years)
18. Birthplace (city or place) Consett
(State or country) England
19. Occupation
Nature of Industry Nursewife

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 3
(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 1:00 p.m. on the date above stated.
(Born alive or stillborn.)
Signature C. W. Adams
Physician
(Physician or midwife)

* 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.
Given name added from a supplemental report _____
Month, day, year _____
Registrar _____
Address Box 636 Globe Ariz
Filed 3/16, 1930 H. E. Wightman
Registrar

235-218-448

PLEASE PRINT PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.