

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 133

Registered No. 39

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 Wilamina Luales { If child is not yet named, make supplemental report, as directed. }

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? _____	7. Date of birth <u>Mar 4-30</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Wm Luales

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 26 (Years)

12. Birthplace (city or place) Ariz
(State or country)

13. Occupation Miner
Nature of industry

14. MOTHER
Full maiden name Nellie Rice

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) Ariz
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m. on the date above stated.
(Born alive or stillborn.)

Signature A. D. Kennedy

(Physician or Midwife)

Given name added from a supplemental report _____ Address Globe
Month, day, year _____

Registrar W. E. Wightman M.D. Registrar
1930 Filed 4/15
1972-304-995