ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 169

Registered No. 45

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. Central Heights R#1 St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marilyn Tvie { 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 3 - 16 - 30 (Month Day Year)

8. FATHER

Full name Kent E. Tvie

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

10. Color or race White | 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Bloomfield

(State or country) New Mexico

13. Occupation Truck Driver

Nature of industry Mining

14. MOTHER

Full maiden name Bertha F. Hunt

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

16. Color or race White | 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Cortez

(State or country) Colorado.

19. Occupation Housewife

Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) 3.

(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 Born Alive at 6:00 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 Herman C. Bodemer

Physician

(Physician or Midwife).

Address Globe Arizona

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

_____ Registrar

Filed 4/8, 1930 L. E. Wightman Mhd Registrar

435 - 316 - 283