

ARIZONA STATE BOARD OF HEALTH

State File No. 170

BUREAU OF VITAL STATISTICS

Registered No. \_\_\_\_\_

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township Christmas or Village \_\_\_\_\_  
 City Christmas No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Theodore Jesse Rascoe. (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 March 17 1930  
 Month Day Year

8. FATHER  
 Full name Vivian T. Rascoe

14. MOTHER  
 Full maiden name Albertine Grasse

9. Residence (Usual place of abode) Christmas Arizona  
 If non-resident, give place and state.

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

10. Color or race White 11. Age at last birthday 34 (Years)

16. Color or race White 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) Globe  
 (State or country) Arizona

13. Occupation  
 Nature of industry Mechanic

19. Occupation  
 Nature of industry House wife

20. Number of children of this mother 3rd. (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 3 } 21. Were precautions taken against ophthalmia neonatorum? Yes  
 (b) Born alive but now dead None }  
 (c) Stillborn None }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:25 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 J. H. Davis, M.D.  
 Physician (Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Christmas Arizona.

Month, day, year \_\_\_\_\_ Filed April 10, 1930 P. H. Hutton  
 Registrar Registrar

315-317-175