

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

State File No. 182
 Registered No. 48

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 Ruth Elizabeth Sniffen 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 _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth Mar. 19, 1930
 Month Day Year

8. FATHER
 Full name John Mc Cutcherson Sniffen

14. MOTHER
 Full maiden name Ella Louise Boas

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

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

10. Color or race White

11. Age at last birthday 38 (Years)

16. Color or race White

17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Socora
 (State or country) N. Mexico

18. Birthplace (city or place) Ft. Smith
 (State or country) Ark.

13. Occupation
 Nature of industry Laborer

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 8
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 8
 (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 10:25 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 C. W. Adams
Physician
(Physician or midwife.)

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz

Month, day, year _____ Filed 4/8, 1930 G. E. Wightman
 Registrar Registrar

925 - 319 - 522