

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 228
Registered No. 292

1. PLACE OF BIRTH

County Yuma State Arizona

District or Township _____ or Village _____

City Globe No. City General Hosp. St. _____ Ward _____

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

2. Full name of child Richard Frederick Rye } If child is not yet named, make supplemental report, as directed.

Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>2</u>	6. Legitimate? <u>Yes</u>	7. Date of birth <u>April 30 - 1930</u>
		5. No., in order of birth <u>2</u>	Month Day Year	

8. FATHER
Full name George F. Rye

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

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

12. Birthplace (city or place) Ely, Minn.
(State or country)

13. Occupation Principal
Nature of Industry High School

14. MOTHER
Full maiden name Mayme M. Nesting

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

16. Color or race Wh
17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Fargo, N. Dakota
(State or country)

19. Occupation H. V.
Nature of Industry

20. Number of children of this mother 3 } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 Yuma, Arizona on the date above stated.
(Born alive or stillborn)

Signature Charles E. Brown
(Physician or midwife.)

Given name added from a supplemental report _____ Address _____
Month, day, year 9 9 5 - 4 3 0 - 4 5 7
Registrar G. E. Longfellow

Filed 5/12, 1930 Registrar G. E. Longfellow

ORDER 4. BIRTH