

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 152  
Registered No. 99

**1. PLACE OF BIRTH**

County Gila State Ariz.  
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 Robert Lewis Wright 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 May 7, 1930  
Month Day Year

8. FATHER  
Full name Don Wright

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 36 (Years)

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

13. Occupation Automobile Painter  
Nature of industry

14. MOTHER  
Full maiden name Hallie Stitt

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 35 (Years)

18. Birthplace (city or place) Pleasant Hill Mo.  
(State or country)

19. Occupation H's wife  
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 certified and including this child.) } (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 Female at 11:25 P. 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 T. S. Happer  
Physician  
(Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona

Filed May 4, 19 1930 Registrar W. E. Wighman

963-507-823