

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  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila  
District of Globe  
Town of Globe  
or Globe  
City of Globe

State Index No. 164  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 150

No. 698 E. Mesquite St. \_\_\_\_\_ Ward \_\_\_\_\_  
(if birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Clarence Edward Rice } 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-11-1930  
Month day year

8. FATHER  
Full name Ernie Edward Rice  
9. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state  
10. Color or race white  
11. Age at last birthday 28 (Years)  
12. Birthplace (city or place) Texas  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Lois Cunningham  
15. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state  
16. Color or race white  
17. Age at last birthday 23 (Years)  
18. Birthplace (city or place) Wesperus, Colorado  
(State or country)  
19. Occupation  
Nature of industry House wife

20. Number of children of this mother } (a) Born alive and now living 2  
(Taken as of time of birth of child herein } (b) Born alive but now dead none  
certified and including this child.) } (c) Stillborn none

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 10:40 P. 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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Signature H. E. Wightman, M.D. (Physician or midwife)  
Address Globe, Arizona  
Filed June 1930 H. E. Wightman, M.D. Local Registrar.  
Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

Registrar.

395-511-934