

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. 157
 Registered No. 113

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 Helen Eloise Engle (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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth June 8, 1930.
 Month Day Year

8. FATHER
 Full name Harold Hamilton Engle
 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 40 (Years)
 12. Birthplace (city or place) Philadelphia Pa.
 (State or country) _____
 13. Occupation Sheet metal worker
 Nature of industry _____
 20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
 Full maiden name Edna Mae Wells
 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 24 (Years)
 18. Birthplace (city or place) Chicago Ill.
 (State or country) _____
 19. Occupation Housewife
 Nature of industry _____
 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 8:55 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. Harper
physician (Physician or Midwife)

Given name added from a supplemental report _____ Address Globe, Arizona
 Month, day, year _____ Filed 7/9 1930 H. E. Wightman Registrar

Registrar
855-608-562