

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. 162
 Registered No. 115

1. PLACE OF BIRTH

County Isia State Ariz
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child William Wesley Creauer (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 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 June 9, 1938
 Month Day Year

8. FATHER
 Full name William Wesley Creauer

14. MOTHER
 Full maiden name Marie Hausman

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. Ariz.

10. Color or race White

11. Age at last birthday 30 (Years)

16. Color or race White

17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Crittendon Co.
 (State or country) Kentucky

18. Birthplace (city or place) Grand Rapids
 (State or country) Mich.

13. Occupation Mill operator of
 Nature of Industry at mine

19. Occupation Housewife
 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.)
 (a) Born alive and now living 2
 (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 born alive at 8:30 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. C. Harper

 (Physician or Midwife)

Given name added from a supplemental report _____
 Address Globe, Arizona
 Month, day, year _____

Filed 7/9 1938 H. E. Wightman, Jr.
 Registrar Registrar

639-609-485