

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

State File No. 164
 Registered No. 116

1. PLACE OF BIRTH

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

2. Full name of child Powell Duane Moyers (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. _____ 6. Legitimate? Yes
 7. Date of birth June 10, 1930
 Month Day / Year

8. FATHER
 Full name Thomas Jefferson Moyers

14. MOTHER
 Full maiden name Beula Alta Taylor

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

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

10. Color or race white 11. Age at last birthday 30 (Years)

16. Color or race white 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Paris Texas.
 (State or country)

18. Birthplace (city or place) Centrahoma Okla
 (State or country)

13. Occupation Pipe Fitter
 Nature of industry

19. Occupation Housewife
 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 born alive at 5:55 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 or Midwife)

Given name added from _____ Address Globe Arizona

Month, day, year _____ Filed 7/9 1930 D. E. Wightman Registrar

Registrar
342-400-239

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be filed in order of birth stated.