

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

State File No. 174
 Registered No. 118

1. PLACE OF BIRTH

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

2. Full name of child Joy Nell Zufall (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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth June 14, 1930
 Month Day Year

8. FATHER
 Full name Milo Zufall
 9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Wilma Baldwin
 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 35 (Years)

16. Color or race White
 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Big Run Pa.
 (State or country)

18. Birthplace (city or place) Lake Wilson Minn.
 (State or country)

13. Occupation Electrician
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 6 } (a) Born alive and now living 4
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2
 } (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 5:30 P. (Born alive or stillborn.) m. on the date above stated.

* 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 a supplemental report _____ Address Globe, Arizona

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

193-614-625

order of birth stated.