

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**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 182  
 Registered No. 119

**1. PLACE OF BIRTH**

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

2. Full name of child Marjorie Villie Shoemaker (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 15, 1930  
 Month Day Year

**8. FATHER**  
 Full name Abbott Hall Shoemaker

**14. MOTHER**  
 Full maiden name Jay Vivian Heron

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 29 (Years)

12. Birthplace (city or place) Fall River  
 (State or country) Mass.

18. Birthplace (city or place) Globe  
 (State or country) Ariz.

13. Occupation Geologist  
 Nature of industry \_\_\_\_\_

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 1  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (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 4:50 A. 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, 1930 G. E. Kightlinger  
 Registrar Registrar

429-619-685