

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. 192  
 Registered No. 121

**1. PLACE OF BIRTH**

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

2. Full name of child Patricia Jean Brewer (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 21, 1930  
 Month Day Year

**8. FATHER**  
 Full name Bennett Young Brewer  
 9. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.  
 10. Color of race White  
 11. Age at last birthday 24 (Years)  
 12. Birthplace (city or place) Dawson New Mex.  
 (State or country)  
 13. Occupation Clerk  
 Nature of Industry

**14. MOTHER**  
 Full maiden name Ethyl Winona McLaughlin  
 15. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.  
 16. Color of race White  
 17. Age at last birthday 21 (Years)  
 18. Birthplace (city or place) Globe Ariz.  
 (State or country)  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living \_\_\_\_\_ }  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0 }  
 certified and including this child.) } (c) Stillborn \_\_\_\_\_ }  
 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 4:20 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  
 Filed 7/9 1930 H. E. Wightman, M.D. Registrar  
 Registrar \_\_\_\_\_

729-621-545