

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

State File No. _____
Registered No. 132

1. PLACE OF BIRTH
County Gila State Ariz
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Raymond Viers
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 July 5, 1930
Month Day Year

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

14. MOTHER
Full maiden name Jennie Charlotte Woodall
Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

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 25 (Years)

16. Color or race White

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Robert Lee Tex.
(State or country)

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

13. Occupation Miner
Nature of Industry

19. Occupation Wife
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 8:15 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
(Physician or Midwife).

Given name added from a supplemental report _____ Address Globe, Ariz.

Month, day, year _____ Registrar E.E. Wightman
Filed 8/9 1930 Registrar

952-705-163

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.