ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 166

Registered No. 135

1. PLACE OF BIRTH

County Gila State Arizona

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 Peggy Jean Kyle { 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 July 8, 1930 (Month Day Year)

8. FATHER

Full name Walter Porter Kyle

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

10. Color or race White

11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Sanderson

(State or country) Texas

13. Occupation

Nature of industry Clerk

14. MOTHER

Full maiden name Mary Elizabeth Tan

15 Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz

16 Color or race White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Elephant Butte Dam

(State or country) New Mexico

19. Occupation

Nature of industry Housewife

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 alive at 9:05 a 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 C Wadamd

Physician

(Physician ~~or midwife~~).

Given name added from a supplemental report ..... Month, day, year

Address Box 636 Globe, Ariz

Filed 8/9, 1930 L. E. Wightman Mrs

Registrar

Registrar

725-708-435

N. B.—In case of more than one child at a birth, order of birth stated.