

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

State File No. \_\_\_\_\_  
Registered No. 140

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 Donald Leonard Singras  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth July 17, 1930  
Month Day Year

8. FATHER  
Full name Leonard Arville Singras

14. MOTHER  
Full maiden name Ernestine Sullivan

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 34 (Years)

16. Color or race white  
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Iron Mountain Mich.  
(State or country)

18. Birthplace (city or place) Laredo Texas  
(State or country)

13. Occupation miner  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 1  
(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 6:25 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 T. C. Harper  
Physician (Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe Ariz.

Month, day, year \_\_\_\_\_ Filed 8/9 by H. G. Wightman Registrar

472-717-523

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.

WRITE PLAINLY WITH UNFADING INK—FILLS AS A SUBSTITUTION FOR A SIGNATURE.