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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 144

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. PLACE OF BIRTH

County Gila State Ariz

District or Township or Village

City Globe No. Gila County Hosp St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Blanche Irene Swan (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 19/1930 (Month Day Year)

8. FATHER

Full name Earl Ewell Swan

9. Residence (Usual place of abode) Cibecue, Ariz.

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Texas

(State or country)

13. Occupation Nature of industry Cattleman

14. MOTHER

Full maiden name Florence Elizabeth Custord

15. Residence (Usual place of abode) Cibecue, Ariz.

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 27 (Years)

18. Birthplace (city or place)

(State or country) Wisconsin

19. Occupation Nature of industry Housewife

20. Number of children of this mother 2

(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 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 (Born alive or stillborn.) at 1:10 m. on the date above stated.

* 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 Dr. C Gunter

(Physician or Midwife).

Given name added from a supplemental report

Month, day, year

Address Globe

Registrar

Filed 8/9, 1930 E. E. Wightman Jr. Registrar

225-719-1634