

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

State File No. \_\_\_\_\_  
Registered No. 148

1. PLACE OF BIRTH

County Yuma 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 Betty Jo Allen  
(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 21, 1930  
Month Day Year

8. FATHER  
Full name Orley Calvin Allen

14. MOTHER  
Full maiden name Madys Sophia Larkin

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 35 (Years)

16. Color or race white

17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Maryville Mo.  
(State or country)

18. Birthplace (city or place) El Paso Texas  
(State or country)

13. Occupation Garage Stock Clerk  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 5  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(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 12:15 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. S. Harper  
Physician  
(Physician or Midwife)

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

Month, day, year \_\_\_\_\_ Filed 8/9 1930 W. E. Wagoner Registrar

Registrar

215-721-735

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.

