

- 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.

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

State File No. 151
Registered No. 169

1. PLACE OF BIRTH

County Gila State Arizona
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 Edna and Duncan M^cArthur { 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 twins 5. No., in order of birth 1 6. Legitimate? Yes 7. Date of birth Aug 14, 1930 Month Aug Day 14 Year 1930

8. FATHER Full name Chas. Kenneth M^cArthur

14. MOTHER Full maiden name Edna Janet Kerr

9. Residence (Usual place of abode) Globe If non-resident, give place and state. Ariz.

15. Residence (Usual place of abode) Globe If non-resident, give place and state. Ariz.

10. Color or race White 11. Age at last birthday 32 (Years)

16. Color or race White 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Greenwood (State or country) B. C.

18. Birthplace (city or place) Grand Forks (State or country) B. C.

13. Occupation Nature of industry Mining Engineer

19. Occupation Nature of industry Housewife

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 5 (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 4:40a 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. W. Adams Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz. Month, day, year _____

Registrar _____ Filed 9/6 1930 S. E. Wightman Registrar

549-814-529