

...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

15-2
State File No. 167
Registered No. 167

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 Douglas Fraser M^s Arthur { 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 born 6. Legitimate? Yes
5. No., in order of birth 2 7. Date of birth Aug. 14, 1930
Month Day Year

8. FATHER
Full name Chas. Kenneth M^s Arthur

14. MOTHER
Full maiden name Edna Janet Kear

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

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If non-resident, give place and state.

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

16. Color or race White 17. Age at last birthday 33 (Years)

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

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

13. Occupation
Nature of industry Mining Engineer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 5 (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) (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 4:50 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. W. Adams
Physician or midwife.

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

Registrar _____ Filed 9/8, 1930 L. E. Wright Registrar

449-814-529