

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

State File No. _____
Registered No. 187

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Hecke No. 300 S. 3rd St. St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Richard Alexander Coleman 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 _____ } 5. No., in order of birth _____ } 6. Legitimate? yes } 7. Date of birth Sept. 9th 1930
Month Sept Day 9th Year 1930

8. FATHER
Full name Patrick H. Coleman

14. MOTHER
Full maiden name Emma M. Mullen

9. Residence 300 S. 3rd. Hecke
(Usual place of abode) Ariz.
If non-resident, give place and state.

15. Residence 300 S. 3rd. Hecke
(Usual place of abode) Arizona
If non-resident, give place and state.

10. Color or race White

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11. Age at last birthday 51 (Years)

17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Missouri
(State or country)

18. Birthplace (city or place) Reno County
(State or country) Kansas

13. Occupation
Nature of industry Piano Tuner

19. Occupation
Nature of industry House wife

20. Number of children of this mother 9
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 8
(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 8:40 P.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 W. E. Wightman
(Physician or Midwife)

Given name added from a supplemental report _____
Month, day, year _____

Address 107 W. 4th St. Hecke

Filed 10/10, 1930 W. E. Wightman
Registrar

935-909-545

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.