

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

State File No. \_\_\_\_\_  
Registered No. 189

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 Robert Foster Empire { 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. 16, 1931  
Month Day Year

8. FATHER, Full name Augustus Willis Empire

14. MOTHER, Full maiden name Katherine Francis Reinhardt

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

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

10. Color or race White 11. Age at last birthday 24 (Years)

16. Color or race White 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Safford  
(State or country) Ariz.

18. Birthplace (city or place) Silver City  
(State or country) N.M.

13. Occupation Senior clerk of the  
Nature of Industry U.S. Irrigation Service

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

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 at 11:00 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 C. A. Adams  
Physician  
(Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Box 636 Globe, Ariz.

Registrar \_\_\_\_\_

Filed 10/10 1931 H. E. [Signature]  
Registrar

955-911-293

... 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.