

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

State File No. _____
Registered No. 194

1. PLACE OF BIRTH

County Gila State Ariz
District or Township _____ or Village _____
City Globe No. Gila County St. Hosp Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Raymond Eugene Baker (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 25 1930
Month Day Year

8. FATHER
Full name Raymond Baker
9. Residence (Usual place of abode) 320 E Oak
If non-resident, give place and state.

14. MOTHER
Full maiden name Gladys Paul
15. Residence (Usual place of abode) 320 E Oak
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 25 (Years)

16. Color or race White 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Nogales
(State or country) N.M.

18. Birthplace (city or place) Golden, Colo.
(State or country)

13. Occupation Watchman
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(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 9:45 p.m. on the date above stated.
(Born alive or stillborn.)

Signature Dr. C. J. Hunter
Physician
(Physician or Midwife.)

Given name added from 959-905-773 Address Globe, Ariz
Month, day, year

Filed 10/10 1930 H. E. Westman
Registrar

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.

