# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 171

Registered No. 210

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

**1. PLACE OF BIRTH**

County Gila State Ariz.

District or Township or Village

City Globe No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Loretta Mae Austin (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Female

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 10-18-1930 (Month Day Year)

**FATHER**

8. Full name Frederick L. Austin

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

10. Color or race White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Tucson

(State or country) Ariz.

13. Occupation

Nature of industry Miner

**MOTHER**

14. Full maiden name Betsy Anne Salazar

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

16. Color or race Mexican

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Hayden

(State or country) Ariz.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(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 born alive (Born alive or stillborn.) at 9:50 P. m. on the date above stated.

* 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 T. C. Harper

Physician (Physician or Midwife).

Given name added from a supplemental report 3-10-18-29 (Month, day, year)

Address Globe, Ariz.

Registrar

Filed 11/9, 1930 J. E. Wightman Registrar