ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 195

Registered No. 204

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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: Dale Nicholson Clark (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: 10-27-1930 (Month Day Year)

FATHER

8. Full name: Claude James Clark

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: 40 (Years)

12. Birthplace (city or place): Stephenville

(State or country) Texas.

13. Occupation: merchant

Nature of industry:

MOTHER

14. Full maiden name: Lena Adella Nicholson

15. Residence (Usual place of abode): Globe

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

16. Color or race: White

17. Age at last birthday: 38 (Years)

18. Birthplace (city or place): Stephenville

(State or country) Texas.

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 5

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 5

(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 at 1:20 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: T. C. Happel

Physician

(Physician or Midwife).

Address: Globe, Ariz.

Given name added from a supplemental report

Month, day, year

Filed 11/9, 1930 H. E. Wightman

Registrar

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432-1027-355