

If sex of child is unknown, it should be marked as such, and the number of each in order of birth stated.

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

121

State File No. \_\_\_\_\_  
Registered No. 227

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 Baby Barbree (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 11-10-1933  
Month Day Year

8. FATHER  
Full name Ed Barbree

14. MOTHER  
Full maiden name Mary Emily Phillips

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

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

10. Color or race White 11. Age at last birthday 30 (Years)

16. Color or race White 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Fort Smith Ark.  
(State or country)

18. Birthplace (city or place) Brooken Okla.  
(State or country)

13. Occupation Laborer  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 1  
(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 Female at 11:30 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. Harper  
Physician  
(Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe Ariz.  
Month, day, year

Filed 12/4 1933 J. E. Wright  
Registrar

025-1116-492