

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

129
 State File No. _____
 Registered No. 220

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Globe or Village _____
 City Globe No. 391 North Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margery Francis House { 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. Twin, triplet or other _____ 5. No., in order of birth _____
 6. Legitimate? Yes 7. Date of birth Nov-11-1930
 Month Day Year

8. FATHER
 Full name Winthrop Anderson House
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Arizona
 10. Color or race White
 11. Age at last birthday 31 (Years)
 12. Birthplace (city or place) Globe
 (State or country) Arizona
 13. Occupation
 Nature of industry Truck driver

14. MOTHER
 Full maiden name Goldie Amy Vaughn
 15. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Arizona
 16. Color or race White
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Jubaria
 (State or country) Kansas
 19. Occupation
 Nature of industry Housewife

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 born alive at 8:45 P m. on the date above stated.
(Born alive or stillborn.)

Signature G. E. Wightman M.D.
 (Physician or Midwife)

Given name added from a supplemental report _____ Address Globe Ariz
 Month, day, year _____
 Filed 12/4 1930 G. E. Wightman M.D. Registrar

485-1111-755 Registrar