

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

State File No. 192
 Registered No. 11

1. PLACE OF BIRTH

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

2. Full name of child Olive Marvene M^e Clanahan (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 Dec 27 1930
 Month Day Year

8. FATHER
 Full name Roy M. Clanahan
 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 34 (Years)
 12. Birthplace (city or place) Boone Terre
 (State or country) Missouri
 13. Occupation Miner
 Nature of Industry _____

14. MOTHER
 Full maiden name Mabel F. Hammock
 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 29 (Years)
 18. Birthplace (city or place) Little Rock
 (State or country) Arkansas
 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 Born alive at 9:15 P. 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 Herman C. Pademer

 Physician
 (Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Filed 2/10, 1931 H. E. Fulling
 Registrar Registrar

645-1227-482