

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

State File No. 124  
 Registered No. 2

**1. PLACE OF BIRTH**

County Gila State Arizona  
 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 Katherine Rabbitt  
{ 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 Jan. 3, 1931  
Month Day Year

8. FATHER  
 Full name Michael Edward Rabbitt

14. MOTHER  
 Full maiden name Jane Mc Cormack

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 38 (Years)

16. Color or race White  
 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Muscataine Iowa  
 (State or country)

18. Birthplace (city or place) Argershire Iowa  
 (State or country)

13. Occupation  
 Nature of Industry Salesman

19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother 7  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 7  
 (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_  
 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 alive at 10:00 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 C. W. Adams  
 (Physician or Midwife)

Given name added from a supplemental report.  
 Month, day, year  
393-103-942  
 Registrar

Address Box 636 Globe, Ariz  
 Filed 2/9 1931 G. E. W. [Signature] Registrar

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.

THIS IS A PERMANENT RECORD—INK UNFADING INK—THIS IS A PERMANENT RECORD