ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 125

Registered No. 3

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Globe No. 760 E. Cottonwood St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruth Ivagene Bostwick (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 4 1931 (Month Day Year)

8. FATHER

Full name Eugene R. Bostwick

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 28 (Years)

12. Birthplace (city or place) Folda

(State or country) Minnesota

13. Occupation Jeweler.

Nature of industry

14. MOTHER

Full maiden name Thelma L. Sprouse

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 23 (Years)

18. Birthplace (city or place) Llano

(State or country) Texas.

19. Occupation Housewife

Nature of industry

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 10:30 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 Herman C Bodemer.

Physician (Physician or midwife).

Address Globe, Arizona

Given name added from a supplemental report Month, day, year

Filed 2/9 1931 G. E. Wyhlman Jr. Registrar

Registrar

922-104-325

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.

WHEN FORMED WITH UNFADING INK—THIS IS A PERMANENT RECORD