ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 00101

Registered No. 21

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: Globe or Village:

City: Globe No. South Globe St. Ward

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

2. Full name of child: Baby Astor { 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: Feb 27 1931 (Month, Day, Year)

FATHER

8. Full name: John Astor

9. Residence (Usual place of abode): Globe, Arizona

If non-resident, give place and state.

10. Color or race: Indian

11. Age at last birthday: 28 (Years)

12. Birthplace (city or place): Coolidge Dam

(State or country): Arizona

13. Occupation: Unemployed

Nature of Industry:

MOTHER

14. Full maiden name: Cecilia Gibson

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Arizona

16. Color or race: Indian

17. Age at last birthday: 21 (Years)

18. Birthplace (city or place): Pice

(State or country): Arizona

19. Occupation: House work

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: 8

(b) Born alive but now dead:

(c) Stillborn:

21. Were precautions taken against ophthalmia neonatorum? —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn.) at 12:10 P m. on the date above stated.

* 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: H. E. Wightman M.D.

(Physician or Midwife).

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

Address: Globe Ariz

Filed 3/6 1931 H. E. Wightman M.D.

Registrar

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219-202-375