

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

00103
 State File No. _____
 Registered No. 24

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. 196 Glance St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Synn Alvin Snyder If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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. 3 1931
Month Day Year

8. FATHER
 Full name Eugene V. D. Snyder
 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 20 (Years)
 12. Birthplace (city or place) Dallas
(State or country) Texas
 13. Occupation Laborer
 Nature of Industry _____

14. MOTHER
 Full maiden name Vivian Ruth Bishop
 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 20 (Years)
 18. Birthplace (city or place) Abilene
(State or country) Texas
 19. Occupation Housewife
 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 1
 (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 3:25 a.m. on the date above stated
(Born alive or stillborn.)

Signature Harold E. Bodemer
(Physician or midwife)

Address Globe, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Filed 3/7 1931 H. E. Wightman Registrar

327-223-927