

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

00180

State File No. _____
 Registered No. 29

1. PLACE OF BIRTH

County Globe 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 Wila May Malone { 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. _____ 6. Legitimate? Yes 7. Date of birth Feb 13, 1931
 Month Day Year

5. No., in order of birth. _____

8. FATHER
 Full name Otto Thomas Malone

14. MOTHER
 Full maiden name Nattie Lee Lewis

9. Residence (Usual place of abode) Roosevelt
 If non-resident, give place and state. Ariz

15. Residence (Usual place of abode) Roosevelt
 If non-resident, give place and state. Ariz

10. Color, or race White

11. Age at last birthday 40 (Years)

16. Color or race White

17. Age at last birthday 33 (Years)

12. Birthplace (city or place) San Antonio
 (State or country) Texas

18. Birthplace (city or place) Bella Mill
 (State or country) Ala.

13. Occupation
 Nature of Industry Rancher

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5
 (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 alive at 6:00 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 C. W. Adams

Physician or Midwife

Give name added from supplemental report. _____
 Month, day, year _____

Address Box 636 Globe, Ariz

Registrar _____

Filed 2/8 at Globe, Arizona
 Registrar _____

645-213-837

This form must be made for each, and the number of each in order of birth stated.