

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

00125

Registered No. 32

1. PLACE OF BIRTH

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

2. Full name of child Baby Shipley (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1
 6. Legitimate? yes 7. Date of birth Feb 17 - 31
Month Day Year

8. FATHER
 Full name Theodore E Shipley
 9. Residence (Usual place of abode) San Carlos
If non-resident, give place and state.
 10. Color or race W
 11. Age at last birthday 49 (Years)
 12. Birthplace (city or place) A. D.
(State or country)
 13. Occupation U S Ind Service
Nature of industry

14. MOTHER
 Full maiden name Grace Gilroy
 15. Residence (Usual place of abode) San Carlos
If non-resident, give place and state.
 16. Color or race W
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Ala.
(State or country)
 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 0
 (b) Born alive but now dead 0
 (c) Stillborn 1
 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 at 12:30 p.m. on the date above stated.
(Born alive or stillborn.)

Signature R. D. Kennedy
(Physician or Midwife)

Given name added from a supplemental report _____ Address Globe

Month, day, year _____
 Registrar H. E. Waghman
Filed 3/5, 1931

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