ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 100

Registered No. 55

1. PLACE OF BIRTH

County Gila State Ariz

District or Township or Village

City Globe No. S Hill St. Ward

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

2. Full name of child Lael Rose (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 Mar. 5 1931 (Month Day Year)

8. FATHER

Full name Squire E Rose

9. Residence (Usual place of abode) Globe, Ariz.

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Globe

(State or country) Ariz.

13. Occupation

Nature of industry Painter

14. MOTHER

Full maiden name Lillian Hastings

15. Residence (Usual place of abode) Globe Ariz

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country) Ariz

19. Occupation

Nature of industry Housewife

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 alive at 10 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 R. D. Kennedy

(Physician or Midwife)

Given name added from a supplemental report 9 Month, day, year

Address Globe

Filed 4/10, 1931 L. E. Wightman Registrar

Registrar

395-305-382

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth stated.