ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 101

Registered No. 48

1. PLACE OF BIRTH

County Gila State Ariz.

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 James Woodrow Anderson { 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 Mar. 5, 1931 (Month Day Year)

8. FATHER

Full name Earsel Garland Anderson

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 25 (Years)

12. Birthplace (city or place) ..... (State or country) Okla.

13. Occupation Nature of Industry Laborer

14. MOTHER

Full maiden name Mary Elizabeth Glascock

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 20 (Years)

18. Birthplace (city or place) Lulu (State or country) New Mex.

19. Occupation Nature of Industry Hsewife

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 (Born alive or stillborn.) at 11:25 A.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 T. C. Hayes

Physician (Physician or midwife).

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

Address Globe, Arizona

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

..... Registrar

115-305-472