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

State File No. 105
Registered No. 58

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: Nettie Jane Ritchie { 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. 8 1931 (Month Day Year)

FATHER

8. Full name: Aubrey Joe Ritchie

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

10. Color or race: White 11. Age at last birthday: 27 (Years)

12. Birthplace (city or place): Goldthwaite
(State or country): Tex.

13. Occupation: Sample Mill Operator
Nature of Industry:

MOTHER

14. Full maiden name: Ruby Jane Maurel

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

16. Color or race: White 17. Age at last birthday: 20 (Years)

18. Birthplace (city or place): Globe
(State or country): Ariz.

19. Occupation: Housefe
Nature of industry:

20. Number of children of this mother (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 4:38 P. 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. Hyper
Physician (Physician or midwife).

Address: Globe, Arizona

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

Filed 4/10, 1931 B. E. Wyllman M.D. Registrar

Registrar

595-308-943