ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 146

Registered No. 80

1. PLACE OF BIRTH

County Gila 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 Ira Mozelle English (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 April 26, 1931 (Month Day Year)

8. FATHER

Full name John Kay English

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 44 (Years)

12. Birthplace (city or place) Crockett

(State or country) Texas

13. Occupation

Nature of Industry Salesman

14. MOTHER

Full maiden name Daisy Deane Ramsel

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 37 (Years)

18. Birthplace (city or place) Giddings

(State or country) Texas

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother 5

(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 (Born alive ~~or stillborn~~) at 3:23 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 C W Adams

Physician (Physician ~~or Midwife~~).

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

Address Box 636 Globe, Ariz

Filed 5/7, 1931 L. E. Wright Dr. Registrar

..... Registrar

758-426-493