

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

State File No. 151

Registered No. 621

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 Edna Ruth Anderson
(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 Apr. 30, 1931
 Month Day Year

8. FATHER
 Full name Seb. Sidney Anderson

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 43 (Years)

12. Birthplace (city or place) Denver Colo.
 (State or country)

13. Occupation
 Nature of industry cook

20. Number of children of this mother 10
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 9
 (b) Born alive but now dead 1
 (c) Stillborn 0

14. MOTHER
 Full maiden name Edna Marguerite Fischer

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 36 (Years)

18. Birthplace (city or place) Joplin Mo.
 (State or country)

19. Occupation
 Nature of industry Housewife

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 Edna at 7:10 A. m. on the date above stated.
(Born alive, or stillborn)

Signature [Signature]
Physician
(Physician or Midwife)

Given name added from a supplemental report _____
 Address Box 636 Globe, Ariz.
 Filed 5/7 1931 [Signature]
 Registrar

OFFICE OF VITAL STATISTICS