138-139

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1

Registered No. 197 (101)

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 Morris Woodburn (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 5-27-1931 (Month Day Year)

8. FATHER

Full name Abraham Woodburn

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 45 (Years)

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

13. Occupation Truck Driver

Nature of industry

14. MOTHER

Full maiden name Eleanor Jane Dodd

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 42 (Years)

18. Birthplace (city or place) ..... (State or country) England

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 8 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7

(b) Born alive but now dead 1

(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 10:30 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. Harper

Physician (Physician or midwife).

Address Globe, Ariz.

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

Registrar

Filed 6/9 1931 H. E. Wightman M.D. Registrar

465-527-5414