

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. **125**  
County Registrar No. **39**  
Local Registrar No. **39**

PLACE OF BIRTH  
1. County of Gila  
District of Globe  
Town of Globe  
or  
City of Globe

2. Full name of child Joseph Ben Loving  
3. Sex of Child Male  
4. Twin, triplet or other No  
5. No. in order of birth 1  
6. Legitimate Yes  
7. Date of birth 7-17-1931  
Month day year

3. FATHER  
Full name Joe D. Loving  
9. Residence (Usual place of abode) Road Work Arizona  
If nonresident, give place and state  
10. Color or race White  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Sonora Mexico  
(State or country)  
13. Occupation Road Work  
Nature of Industry Jack Hammer  
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

14. MOTHER  
Full maiden name Inez Lerean  
15. Residence (Usual place of abode) Clyton Arizona  
If nonresident, give place and state  
16. Color or race White  
17. Age at last birthday 18 (Years)  
18. Birthplace (city or place) Clyton Arizona  
(State or country)  
19. Occupation Housewife  
Nature of Industry  
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 at 3:55 PM on the date above stated.  
(Born alive or stillborn)

\*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 evidences of life after birth.  
Given name added from supplemental report 137-717-935  
Month, day, year.  
Signature G. E. Wightman M.D.  
(Physician or midwife)  
Address Globe, Arizona  
Filed 8/7 1931  
Local Registrar  
County Registrar