MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

STANDARD CERTIFICATE OF BIRTH

State File No. 128

Registered No. 152

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: Warren Arnold Samuel (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: Aug. 14, 1931 (Month Day Year)

| 8. FATHER | 14. MOTHER |
|---|---|
| Full name: Arnold Leonard Samuel | Full maiden name: Grace Estella Rogers |
| 9. Residence (Usual place of abode): Globe | 15. Residence (Usual place of abode): Globe |
| If non-resident, give place and state: Ariz | If non-resident, give place and state: Ariz |
| 10. Color or race: White | 16. Color or race: White |
| 11. Age at last birthday: 30 (Years) | 17. Age at last birthday: 26 (Years) |
| 12. Birthplace (city or place): Chicago, Ill | 18. Birthplace (city or place): Oklahoma City |
| (State or country) | (State or country): Okla |
| 13. Occupation / Nature of industry: Laborer | 19. Occupation / Nature of industry: Housewife |

20. Number of children of this mother: 2 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 2
(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 6:40 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: C W Williams

Physician (Physician or Midwife)

Given name added from a supplemental report: 6 25 8 14 32 (Month, day, year)

Address: Box 636 Globe Ariz.

Registrar

Filed 9/8 1931 H. E. Wright Registrar