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

State File No. \_\_\_\_\_  
Registered No. 157

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)  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Margaret Joan Matlock

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 8-19-31  
Month Day Year

8. FATHER  
Full name Ired Leo Matlock

14. MOTHER  
Full maiden name Margaret Ann Hock

9. Residence (Usual place of abode) Globe Ariz  
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe Ariz  
If non-resident, give place and state.

10. Color or race white

11. Age at last birthday 31 (Years)

16. Color or race white

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Waverly Tenn.  
(State or country)

18. Birthplace (city or place) Globe Ariz  
(State or country)

13. Occupation Pipe fitter  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 1  
(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

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 5 A. m. 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 evidence of life after birth.

Signature T. S. Harper  
Physician  
(Physician or midwife).

Given name added from a supplemental report 442-814-485  
Month, day, year

Address Globe, Arizona

Registrar

Filed 9/8 1931 G. E. Wight  
Registrar

WRITE PEN INK. 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.