

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—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. 140
Registered No. 199

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County General Hosp. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas John Long (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. Yes Legitimate? Yes 7. Date of birth Sept. 17, 1931
Month Day Year

8. FATHER
Full name Thomas Arson Long
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race Wh. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Globe
(State or country) Arizona

13. Occupation Garage Dealer
Nature of industry Dodge

14. MOTHER
Full maiden name Ruth Elizabeth Alexander

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

16. Color or race Wh. 17. Age at last birthday 22 (Years)

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

19. Occupation Housewife
Nature of industry _____

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 _____
(c) Stillborn _____

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 at 5:42 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 C. Quarter
(Physician or midwife)

Given name added from a supplemental report 337-917-919
Month, day, year

Address Globe, Ariz.

Filed 10/15 1931 Dr. E. W. Johnston Registrar

Registrar