# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 106

Registered No. 148

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 George Rowland Hill [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 10-15-31 (Month Day Year)

8. FATHER

Full name Rowland William Hill

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 30 (Years)

12. Birthplace (city or place) Globe

(State or country) Ariz.

13. Occupation Attorney

Nature of industry

14. MOTHER

Full maiden name Helen Mildred Satterwhite

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 28 (Years)

18. Birthplace (city or place) Webers Falls

(State or country) Okla.

19. Occupation H'sewife

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 (Born alive or stillborn.) at 3:55 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, Arizona

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

783-825 Registrar

Filed 11/7 1931 F. E. Wightman Mtg Registrar