ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 98

Registered No. 202

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 Doris Lee Hawes (If child is not yet named, make supplemental report, as directed.)

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 Nov. 9, 1931 (Month Day Year)

8. FATHER

Full name Ralph Waldo Hawes

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 35 (Years)

12. Birthplace (city or place) Central

(State or country) Ariz.

13. Occupation

Nature of industry Truck driver

14. MOTHER

Full maiden name Flora Frances Hendrix

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 27 (Years)

18. Birthplace (city or place) .....

(State or country) Texas

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 4

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 1

(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 at 8:20 P 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 Waddams

Physician

(Physician ~~or Midwife~~).

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

Address Box 636 Globe, Ariz.

482-1109-687 Registrar

Filed 12/7, 1931 L. E. Wightman Mrs Registrar

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.