

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

State File No. 12/a
 Registered No. 13

1. PLACE OF BIRTH

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

2. Full name of child Baby Syman

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

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triple or other	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov. 19, 1931</u> Month Day Year
5. No., in order of birth				

8. FATHER
 Full name Clarence F. Syman
 9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) Ames, Iowa
 (State or country)
 13. Occupation Fountain Manager
 Nature of Industry Drug Store

14. MOTHER
 Full maiden name Elvira Brundage
 15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Mesa, Arizona
 (State or country)
 19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum?
(b) Born alive but now dead <u>1</u>	
(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 11:00 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 Herman C. Bodemer
Physician
(Physician or Midwife.)

Given name added from 035-1119-525
a supplemental report
 Month, day, year _____
 Address Globe, Arizona
 Filed 2-26-32 H. E. Wightman
 Registrar

MAKING RESERVED FOR BINDING
 WRITE PLAINLY 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.