

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

State File No. 157
 Registered No. 208

1. PLACE OF BIRTH:

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

2. Full name of child Robert Wayne Hall
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Nov. 26, 1931</u> Month Day Year
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8. FATHER
 Full name Wayne Frederick Hall
 9. Residence (Usual place of abode) Coolidge Dam
 If non-resident, give place and state. Ariz.

14. MOTHER
 Full maiden name Sarah Jane Hall
 15. Residence (Usual place of abode) Coolidge Dam
 If non-resident, give place and state. Ariz.

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

16. Color or race White
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Little Falls
 (State or country) Miss.

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

13. Occupation
 Nature of Industry Junior operator power plant.

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother. <u>1</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:35 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. W. Adams
 (Physician ~~midwife~~)

Given name added from 983-1126-283 Address Box 636 Globe, Ariz.
 a supplemental report. Month, day, year

Filed 12/7 1931 W. H. W. W. W. W. W. Registrar

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.