

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

State File No. 73
 Registered No. 218

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Globe 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 Donald Robert Montanye (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 Dec. 2, 1931
 Month Day Year

8. FATHER
 Full name Geo J. Montanye

14. MOTHER
 Full maiden name Harriet Clark

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

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

10. Color or race White
 11. Age at last birthday 57 (Years)

16. Color or race White
 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Pa.
 (State or country)

18. Birthplace (city or place) Springfield Mass
 (State or country)

13. Occupation
 Nature of Industry Machinist

19. Occupation
 Nature of Industry House wife

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 2
 (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 Born alive at 6:10 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 H. E. Wightman M.D.
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year 8-32
6445-1202
 Registrar

Address Globe Ariz
 Filled 1/5, 1932 H. E. Wightman M.D.
 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.