

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

State File No. **103**  
 Registered No. **232**

**1. PLACE OF BIRTH**

County Yuma 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)  
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Mark Adams  
 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 12-16-31  
 Month Day Year

**8. FATHER**  
 Full name Mark Adams  
 9. Residence Globe Ariz.  
 (Usual place of abode)  
 If non-resident, give place and state.  
 10. Color or race white  
 11. Age at last birthday 31 (Years)  
 12. Birthplace (city or place) Globe Ariz.  
 (State or country)  
 13. Occupation Cattlemen  
 Nature of industry

**14. MOTHER**  
 Full maiden name Sarah Jane League  
 15. Residence Globe Ariz.  
 (Usual place of abode)  
 If non-resident, give place and state.  
 16. Color or race W  
 17. Age at last birthday 21 (Years)  
 18. Birthplace (city or place) San Carlos Ariz.  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 2  
 (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 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 at 2:15 P. m. on the date above stated.  
(Born alive or stillborn.)  
 Signature T. C. Harper  
physician  
 (Physician or midwife)  
 Address Globe, Arizona  
 Filed 1/5 1932 B. E. Wright  
 Registrar

\* 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.

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year  
4/2-1216-235  
 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.