

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.

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

State File No. 108
 Registered No. 225

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 Mary Ellen Osborne (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, triplet or other.....	5. Legitimater? <u>Yes</u>	7. Date of birth <u>Dec. 16, 1931</u> Month Day Year
		6. No., in order of birth.....		

8. FATHER

Full name Earl Ernest Osborne

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

10. Color or race White

11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Protection
(State or country) Kansas

13. Occupation
 Nature of Industry Merchant

14. MOTHER

Full maiden name Ruth Ringam

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

16. Color or race White

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Durango
(State or country) Col.

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4
 (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 8:10 P. m. on the date above stated.
(Born alive or otherwise)

* 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
(Physician or Midwife)

Given name added from a supplemental report _____
 Month, day, year _____
465-1216-975
 Registrar

Address Box 636 Globe Ariz.
 Filed 1/5 1932 L. E. Wightman
 Registrar