ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 110

Registered No. 237

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.

1. PLACE OF BIRTH

County: Gila 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)

2. Full name of child: Patricia May Ellison {If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Female

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: 12-18-31 (Month Day Year)

FATHER

8. Full name: Alexander Ellison

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz

10. Color or race: white

11. Age at last birthday: 28 (Years)

12. Birthplace (city or place): Payson

(State or country): Ariz.

13. Occupation: Blacksmith

Nature of Industry:

MOTHER

14. Full maiden name: Mary Frances Kennedy

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz

16. Color or race: white

17. Age at last birthday: 31 (Years)

18. Birthplace (city or place): Linens

(State or country): Mo.

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother: 1

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 1

(b) Born alive but now dead:

(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 6:50 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: T. C. Harper

Physician

(Physician or midwife)

Address: Globe, Arizona.

Given name added from a supplemental report:

Month, day, year

755-1218-428

Registrar

Filed 1/5 1932 S. E. Wightman

Registrar