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

State File No. _____
Registered No. 12

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 E. Ivin Frederick Pieper
(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 Jan 28, 1932
Month Day Year

8. FATHER
Full name Ernest Frederick Pieper

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 41 (Years)

12. Birthplace (city or place) Globe
(State or country) Arizona

13. Occupation
Nature of Industry Truck-driver

14. MOTHER
Full maiden name Paula Vernita Beard

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 32 (Years)

18. Birthplace (city or place) Payson
(State or country) Arizona

19. Occupation
Nature of Industry Housewife

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 _____ 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 5:15 p. m. on the date above stated.
(Born alive or _____)

* 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 579-128-324 Address Box 636 Globe Ariz
a supplemental report Month, day, year

Filed 2/6 1932 H. E. Wightman
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A SEPARATE RETURN TO BE MADE FOR EACH CHILD. In case of more than one child, make one number of each in order of birth stated.