MARGIN RESERVED FOR BINDING

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. 105

Registered No. 17

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... 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 Betty Lou Baker (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 Feb. 7, 1932 (Month Day Year)

FATHER	MOTHER
8. Full name John Everett Baker	14. Full maiden name Mabel Doris Baker
9. Residence (Usual place of abode) Globe If non-resident, give place and state. Ariz.	15. Residence (Usual place of abode) Globe If non-resident, give place and state. Ariz.
10. Color or race White 11. Age at last birthday 27 (Years)	16. Color or race White 17. Age at last birthday 25 (Years)
12. Birthplace (city or place) St. Paul (State or country) Minn.	18. Birthplace (city or place) Herfordshire (State or country) England
13. Occupation Nature of industry Carpenter	19. Occupation Nature of industry Housewife

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 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 alive (Born alive or stillborn.) at 2:00 P. m. on the date above stated.

* 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

Address Box 636 Globe, Ariz.

Filed 3/4, 1932 L. E. Wightman Jr. Registrar

Registrar

229-207-429