

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

State File No. 112
 Registered No. 22

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Globe or Village _____
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vera Anne Barton
(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 <u>✓</u>	5. No. in order of birth <u>1</u>	6. Legitimate? <u>yes</u>	7. Date of Birth <u>Feb. 10, 1932</u> Month Day Year
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8. FATHER
 Full name Raymond William Barton
 9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 40 (Years)
 12. Birthplace (city or place) Whiteburg, Idaho
(State or country)
 13. Occupation
 Nature of Industry Mechanic

14. MOTHER
 Full maiden name Vera Elizabeth Higginbotham
 15. Residence (Usual place of abode) Village Springs, Ala.
If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 29 (Years)
 18. Birthplace (city or place) Village Springs, Ala.
(State or country)
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother <u>Three</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>three</u> (b) Born alive but now dead <u>none</u> (c) Stillborn <u>none</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:50 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. E. Harper

(Physician or midwife).

Given name added from a supplemental report _____
 Address Globe, Arizona
 Filled 3/4, 1932 H. E. Wright
 Registrar

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.