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. 127

Registered No. 20

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 Marilyn Marie Walker (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. 25, 1932 (Month Day Year)

8. FATHER

Full name Charles Lawrence Walker

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 39 (Years)

12. Birthplace (city or place) La Veta

(State or country) Colo.

13. Occupation

Nature of industry Store manager

14. MOTHER

Full maiden name Helen Elizabeth Thompson

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 37 (Years)

18. Birthplace (city or place) Silverton

(State or country) Co

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 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 ..... 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~~)

Address Box 636 Globe Ariz

Given name added from a supplemental report ..... Month, day, year

469-225-835 Registrar

Filed 3/4, 1932 G. E. Wightman Mrs Registrar