ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 106

Registered No. 28

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 William Stanley Allen (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 3-5-1932 (Month Day Year)

8. FATHER

Full name Robert Edward Allen

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

10. Color or race White

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Mason

(State or country) Texas

13. Occupation Nature of industry Miner

14. MOTHER

Full maiden name Anna Pearl Jennings

15. Residence (Usual place of abode) Globe, Arizona

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Parsons

(State or country) N. Mex.

19. Occupation Nature of industry Housewife

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(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 born alive at 9 A. 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 Ariz.

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

615-305-112 Registrar

Filed 4/6, 1932 G. E. Wright Mr. Registrar