ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 135

Registered No. 37

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 Gerald Wayne Sanks { 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 Mar 19, 1932 (Month Day Year)

8. FATHER

Full name Harold Leonard Sanks

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 31 (Years)

12. Birthplace (city or place) Grandin

(State or country) Mo.

13. Occupation

Nature of industry Train fireman

14. MOTHER

Full maiden name Clarice Evelyn Wear

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 23 (Years)

18. Birthplace (city or place) Marathon

(State or country) Texas

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 3:00 A 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 4/6, 1932 L. E. Wightman Registrar

Registrar

722-319-369

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.