

PACIFIC 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. **136**
Registered No. **39**

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Globe No. 300 So. 3rd St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child William Allan Coleman (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. Twin
5. No., in order of birth 1st
6. Legitimate? yes
7. Date of birth Nov. 19, 1932
Month Day Year

8. FATHER
Full name Patrick H. Coleman
9. Residence Globe, Arizona
(Usual place of abode)
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 54 (Years)
12. Birthplace (city or place) Springfield, Missouri
(State or country)
13. Occupation Piano tuner
Nature of Industry

14. MOTHER
Full maiden name Emma L. Mc Mullin
16. Residence Globe, Arizona
(Usual place of abode)
If non-resident, give place and state.
17. Age at last birthday 39 (Years)
18. Birthplace (city or place) Burlingame, Kansas
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 10
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 9
(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 4:35 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 Herman C. Bodemes
Physician or Midwife.
Address Globe, Arizona
Given name added from _____
a supplemental report. _____
Month, day, year _____

Filed 4-7-37 19. L. E. Wightman
Registrar

635-319-545 Registrar