

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. 177
Registered No. 67

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village Artesia
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 Robbie Joe Elmer (If child is not yet named, make supplemental report, as directed)

3. Sex of Child Girl 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. 21, 1932
Month Day Year

8. FATHER
Full name Andrew Elmer

9. Residence (Usual place of abode) Artesia
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Duncan
(State or country) Arizona

13. Occupation
Nature of Industry Farmer

14. MOTHER
Full maiden name Anna Mitchell

15. Residence (Usual place of abode) Artesia
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Galveston
(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 born alive at 7:20 p. m. on the date above stated.
(Born alive or stillborn)

Signature W. Langdon
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Safford Arizona
Month, day, year _____

Filed 4/16/32 1932 M. Shallen
Registrar. W. O. H. Lopez

259-321-143