ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 98

Registered No. 98

1. PLACE OF BIRTH

County Gila State

District or Township or Village

City Miami No. Glover Jr St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Earl Glover Jr (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 April 4 1932 (Month Day Year)

8. FATHER Full name Earl Glover

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

10. Color or race White | 11. Age at last birthday 21 (Years)

12. Birthplace (city or place) (State or country) Los Angeles

13. Occupation Nature of Industry Unemployed

14. MOTHER Full maiden name Ruth Miller

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

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

18. Birthplace (city or state) (State or country) El Paso 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 (c) Stillborn

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 or stillborn) at 1 P 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 Nelson O Brayton

Miami (Physician or midwife.)

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

Address

Registrar.

Filed Apr 9, 1932 C. E. Irvin Registrar.

579-404-249

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.