

N. E.—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.  
 1915-1916 2-1-1916 INDEX WITH UNFOLDING ENTS.—THIS IS A PERMANENT RECORD.

## ARIZONA STATE BOARD OF HEALTH

1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>94</u>	
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. _____	
Town of <u>Globe</u>		No. <u>118</u>		Local Registrar No. <u>47</u>	
or <u>Globe</u>		No. _____		Ward _____	
City of _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)		No. <u>118</u> <u>Washington Road</u>	
2. Full name of child <u>Aliza Mariah Vale</u>		3. Sex of Child <u>F</u>		7. Date of birth <u>April 4, 1932</u>	
To be answered ONLY in event of natural births.		4. Twin, triplet or other. _____		8. Legitimate? _____	
5. No., in order of birth _____		6. Date of birth _____		Month _____ day _____ year _____	
8. FATHER			14. MOTHER		
Full name <u>Hanson Vale</u>			Full maiden name <u>Sophie Mariah</u>		
9. Residence (Usual place of abode) <u>Globe, Ariz</u>			15. Residence (Usual place of abode) <u>Globe, Arizona</u>		
If nonresident, give place and state _____			If nonresident, give place and state _____		
10. Color or race <u>White</u>		11. Age at last birthday <u>36</u> (Years)		16. Color or race <u>White</u>	
12. Birthplace (city or place) (State or country) <u>Jugoslavia Austria</u>		17. Age at last birthday <u>22</u> (Years)		18. Birthplace (city or place) (State or country) <u>Salt Lake City Utah</u>	
13. Occupation Nature of Industry <u>miner</u>			19. Occupation Nature of Industry <u>House wife</u>		
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>Two</u>		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(b) Born alive but now dead <u>0</u>		(c) Stillborn _____		_____	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE: #5 P</b> I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at _____ 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 evidences of life after birth. Given name added from supplemental report			Signature <u>S. E. Wightman</u> (Physician or midwife)		
Month, day, year _____			Address _____		
Filed <u>575</u> , 19 <u>32</u>			Local Registrar <u>S. E. Wightman</u>		
Registrar _____			County Registrar _____		

195-404-248