

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 100
Registered No. 48

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 Michael Hugh Laughran
(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. _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth Apr. 13, 1932
Month Day Year

8. FATHER
Full name Edward Laughran

14. MOTHER
Full maiden name Mary Murray

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

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

10. Color or race White 11. Age at last birthday 36 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Sedgato England
(State or country)

18. Birthplace (city or place) Bonsett England
(State or country)

13. Occupation
Nature of industry grocery clerk

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 4 } (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) } (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 at 1:20 a. m. on the date above stated.
(Born alive or dead)

* 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. Adams
Physician
(Physician or Midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Box 636 Globe, Ariz.

Filed 5/5 1932 S. E. Laughran
Registrar

435-413-418

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.