ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. XXX

Registered No. 60

1. PLACE OF BIRTH

County Gila State Arizona

Township ..... or Village .....

City Globe No. 707 Monroe St. St. ..... Ward

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

2. Full name of child Elsie Lucille Stiles { If child is not yet named, make supplemental report, as directed

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Apr 28, 1933 (Month, day, year)

FATHER

9. Full name Doyal Stiles

10. Residence (usual place of abode) (If nonresident, give place and State) Globe Ariz

11. Color or race White | 12. Age at last birthday 28 (Years)

13. Birthplace (city or place) (State or country) New Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chaffeur

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Elsie Marie Gates

19. Residence (usual place of abode) (If nonresident, give place and State) Globe Ariz

20. Color or race Wh | 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) (State or country) Globe Arizona

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ..... { months or weeks | 29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 8 A.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. }

(Signed) Charles E. Twin, M.D.

or M.D., Midwife

Address Miami Arizona

Given name added from a supplemental report ..... (Date of)

Filed 6/7, 1932 L. E. Wightman Mrs. Registrar.

..... Registrar.

522-428-572