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.

137

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 65

1. PLACE OF BIRTH

County Gila State Ariz.

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 Ronald Leroy Amey (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 5-18-32 (Month Day Year)

8. FATHER

Full name Ronald Leroy Amey

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

10. Color or race White | 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Piru

(State or country) California

13. Occupation Laborer

Nature of industry

14. MOTHER

Full maiden name Martha Elizabeth Sjofell

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

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

18. Birthplace (city or place) Newport Rickey

(State or country) Ila.

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 (Born alive or stillborn.) at 12:05 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 T C Harper

Physician (Physician or midwife).

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

Address .....

918 518 424 Registrar

Filed 6/7 1932 L. E. Wightman Mr. Registrar