ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 22

Registered No. 24

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: Don Amwood Nelms

(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: 6-14-1932 (Month Day Year)

FATHER	MOTHER
8. Full name: Beauford Amwood Nelms	14. Full maiden name: Margie Eulen Stuart
9. Residence (Usual place of abode): Globe	15. Residence (Usual place of abode): Globe
If non-resident, give place and state: Ariz.	If non-resident, give place and state: Ariz.
10. Color or race: White	16. Color or race: White
11. Age at last birthday: 28 (Years)	17. Age at last birthday: 20 (Years)
12. Birthplace (city or place): Limestone	18. Birthplace (city or place): Mason Co.
(State or country): Texas.	(State or country): Texas.
13. Occupation: Cattleman	19. Occupation: Housewife
Nature of Industry:	Nature of industry:

20. Number of children of this mother: 2

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 2

(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 2:38 a.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)

Address: Globe, Arizona

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

Filed 7/7 1932