

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

State File No. 52
 Registered No. 52

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. Gila County Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ann Catherine Hardt { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. Legitimate? Yes 7. Date of birth July 12 1932
 Month Day Year

8. FATHER
 Full name Leonard Byford Hardt
 9. Residence (Usual place of abode) Roosevelt Ariz.
 If non-resident, give place and state. Ariz.
 10. Color or race White
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) Parson Ariz.
 (State or country)
 13. Occupation Mechanic
 Nature of Industry

14. MOTHER
 Full maiden name Nellie Louise Rial
 15. Residence (Usual place of abode) Roosevelt, Ariz.
 If non-resident, give place and state. Ariz.
 16. Color or race White
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Greely Colo.
 (State or country)
 19. Occupation Housewife
 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 alive at 9:45 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. C. W. Adams

 (Physician or Midwife)

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

Address Box 636 Globe, Ariz.

 Filed 8/14 1932 Dr. E. W. Lightner Registrar

Registrar
193-0712-893

MARGIN RESERVED FOR BINDING

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.