

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

State File No. 98
 Registered No. 85

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 Patricia Lee Senou (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other	5. Legitimater? <u>Yes</u>	6. Date of birth <u>July 16, 1932</u> Month Day Year
5. No., in order of birth				

8. FATHER
Full name Benjamin Frank Senou, Jr.

14. MOTHER
Full maiden name Virginia Carter

9. Residence
(Usual place of abode) La Porte
If non-resident, give place and state. Calo

15. Residence
(Usual place of abode) La Porte
If non-resident, give place and state. Calo

10. Color or race White
11. Age at last birthday 29 (Years)

16. Color or race White
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Colorado Springs
(State or country) Calo

18. Birthplace (city or place) Silver City
(State or country) N. Mex

13. Occupation
Nature of Industry Salesman

19. Occupation
Nature of Industry Housewife

*20. Number of children of this mother <u>3</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:45 P.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 C. W. Adams
(Physician or Midwife)

Given name added from a supplemental report _____
 Address Box 636 Globe, Ariz
 Filed 8/8 1932 E. E. Lightfoot
Month, day, year Registrar

935-0716-539

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.