ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 91A

Registered No. 103

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 Thomas Linder Robertson { 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 Aug. 2, 1932 (Month Day Year)

8. FATHER

Full name Frank Greenleaf Robertson

9. Residence (Usual place of abode) ~~[illegible]~~ Superior

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

10. Color or race White

11. Age at last birthday 55 (Years)

12. Birthplace (city or place) Grants Pass

(State or country) Oregon

13. Occupation

Nature of Industry Miner

14. MOTHER

Full maiden name Vida Sutherland

15. Residence (Usual place of abode) ~~[illegible]~~ Superior

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

16. Color or race White

17. Age at last birthday 46 (Years)

18. Birthplace (city or place) La Luz

(State or country) N. Mexico

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother 3

(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 1

(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 (Born alive ~~or stillborn~~) at 10:50 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 C W Adams

Physician (Physician ~~or Midwife~~)

Given name added from a supplemental report 395-802-524 (Month, day, year)

Address Box 636 Globe Ariz.

Filed 10/6 1932 L. E. Wightman Mrs. Registrar

..... Registrar

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.