MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 145

Registered No. 102

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No.: Broke & Anderson St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Leo Carl Whalley (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 (Month) 27 (Day) 1932 (Year)

FATHER

8. Full name: Robert John Whalley

9. Residence (Usual place of abode): Box 908

If non-resident, give place and state: Globe, Ariz

10. Color or race: White

11. Age at last birthday: 41 (Years)

12. Birthplace (city or place): Los Angeles, (State or country) California

13. Occupation: Carpenter

Nature of industry:

MOTHER

14. Full maiden name: Goldie Mae Lee

15. Residence (Usual place of abode): Box 908

If non-resident, give place and state: Globe, Ariz

16. Color or race: White

17. Age at last birthday: 29 (Years)

18. Birthplace (city or place): Centralia (State or country) Arizona

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 5 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 3

(b) Born alive but now dead: 2

(c) Stillborn:

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 7 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: [illegible] M.D. (Physician or Midwife)

Address: Globe Ariz

Given name added from a supplemental report: 368-877-735 (Month, day, year)

Registrar

Filed 9/7, 1932 H. E. Wightman M.D. Registrar