

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 such in order of birth stated.

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

State File No. **91**
Registered No. **107**

1. PLACE OF BIRTH

County Gila State Ariz
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 Edric Earl Cochran
(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 9-7-32
Month Day Year

8. FATHER
Full name Thomas Bruce Cochran

9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race white
11. Age at last birthday 49 (Years)

12. Birthplace (city or place) Mississippi
(State or country)

13. Occupation Rancher
Nature of Industry

14. MOTHER
Full maiden name Philetta Estelle King

15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

16. Color or race white
17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Rosetta, Texas.
(State or country)

19. Occupation _____
Nature of Industry

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 2
(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 at 3:30 P.M. on the date above stated.
(Born alive or stillborn.)

Signature T. C. Harper
Physician
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
Address Globe, Ariz.

Filed 10-6-32 E. E. Wright Registrar
535-907-727 Registrar