ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 116

Registered No. 111

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.

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: George Armanding Speak (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: 9-25-32 (Month Day Year)

FATHER

8. Full name: Walter Arno Speak

9. Residence (Usual place of abode): Globe

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

10. Color or race: White

11. Age at last birthday: 43 (Years)

12. Birthplace (city or place): Great Falls

(State or country): Mont.

13. Occupation: Clerical work

Nature of Industry:

MOTHER

14. Full maiden name: Anna Peterson

15. Residence (Usual place of abode): Globe

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

16. Color or race: White

17. Age at last birthday: 39 (Years)

18. Birthplace (city or place): Rexburg

(State or country): Idaho

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother: 4

(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: 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 born alive (Born alive or stillborn.) at 12:45 P. 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: T. C. Harper

Physician (Physician or midwife)

Address: Globe Ariz.

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

122-925-175

Registrar

Filed 10-6-, 1932 H. E. Wightman M.D.

Registrar