

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

State File No. 100  
 Registered No. 725

**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 Dona Jean Lawrence (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 7. Date of birth 10-28-32  
 6. No. in order of birth \_\_\_\_\_ Month Day Year

8. FATHER  
 Full name Nathan E. Lawrence

14. MOTHER  
 Full maiden name Irona Marie Dexter

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

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

10. Color or race white

11. Age at last birthday 32 (Years)

16. Color or race white

17. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) Mansfield, Ky.  
 (State or country)

13. Occupation miner  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother... 4 (a) Born alive and now living 4  
 (Taken as of time of birth of child herein certified and including this child.) (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 at 5:11 a.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 T. C. Harper  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Ariz.

Month, day, year \_\_\_\_\_ Filled 11/7 1932 G. E. Wightman Registrar

435-1028-649

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.