

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.

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

State File No. 70  
Registered No. 154

1. PLACE OF BIRTH  
County Pima 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)

3. Full name of child William Howard Shlander (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 11-3-1932  
Month Day Year

8. FATHER  
Full name Kenneth Langdon Shlander  
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 27 (Years)  
12. Birthplace (city or place) Collander  
(State or country) Iowa  
13. Occupation  
Nature of Industry Dairyman

14. MOTHER  
Full maiden name Violet Doa Marshall  
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 27 (Years)  
18. Birthplace (city or place) Gilmore City  
(State or country) Iowa  
19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother 2  
(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 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 12:20 P.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 639-1103-543 Address Globe, Ariz.  
a supplemental report. Month, day, year  
Filed 12/7 1932 S. B. Wright  
Registrar Registrar