ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 71a

Registered No. 146

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 Bessie Jane Phillips (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. No., in order of birth ..... | 6. Legitimate? Yes | 7. Date of birth 11-4-1932 (Month Day Year)

8. FATHER

Full name Key Lidwell Phillips

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 36 (Years)

12. Birthplace (city or place) Silver City

(State or country) New Mexico

13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Elizabeth Mary Echols

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 34 (Years)

18. Birthplace (city or place) Wheeling

(State or country) W. Va.

19. Occupation Housewife

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 6

(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 a supplemental report ..... Month, day, year

Address Globe, Arizona

Filed 1/6, 1932 [illegible] Registrar

Registrar

272-1104-552