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. 74

Registered No. 154

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: Donald Leroy Gordon (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: 11-6-1932 (Month Day Year)

8. FATHER

Full name: Delmar Gordon

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: 35 (Years)

12. Birthplace (city or place): Pima

(State or country): Ariz.

13. Occupation: Electrician

Nature of industry:

14. MOTHER

Full maiden name: Edna Mae Davenport

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: 22 (Years)

18. Birthplace (city or place): Globe

(State or country): Ariz.

19. Occupation: Housefe

Nature of industry:

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:

(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 4:10 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

Filed 12/7, 1932 H. E. Wightman Registrar

Registrar

475-1106-543