

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

State File No. **39**

Registered No. **740**

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township Globe or Village _____
 City _____ No. _____ St. _____ Ward _____

2. Full name of child Margaret Kathryn Gray (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 11-27-1932
 Month Day Year

8. FATHER
 Full name John Robert Gray
 9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 44 (Years)

12. Birthplace (city or place) Mattson Ill.
 (State or country)

13. Occupation Fareman meat Packing Plant
 Nature of industry

14. MOTHER
 Full maiden name Alice Graham
 15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Alliance Nebraska
 (State or country)

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 3 (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 1
 (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 1 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 H. E. Wightman
 (Physician or midwife)

Given name added from a supplemental report 478-1124-174 Address Globe, Ariz.
 Month, day, year

Filed 12, 7 1932 H. E. Wightman Registrar

Registrar

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 order of birth stated.