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. XXX

Registered No. 147

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 William Crofford Hayes { 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 11-30-1932 (Month Day Year)

8. FATHER

Full name Jesse Gilmore Hayes

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

10. Color or race white

11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Globe

(State or country) Arizona

13. Occupation Nature of industry School teacher

14. MOTHER

Full maiden name Vivien May Green

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

16. Color or race white

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Los Cerrillos

(State or country) New Mex.

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 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 682-1130-575 Month, day, year

Address Globe, Ariz.

Filed 1/6, 1933 G. E. Wyhlmann Registrar

Registrar