

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

State File No. 100  
Registered No. 157

**1. PLACE OF BIRTH**

County Gila State Arizona  
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 Irma Lou Brazead (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Dec 18, 1932</u> Month Day Year
		5. No., in order of birth		

8. FATHER  
Full name Leslie Grady Brazead

14. MOTHER  
Full maiden name Loarman Lucile Thompson

9. Residence (Usual place of abode) Globe  
If non-resident, give place and state. Ariz

16. Residence (Usual place of abode) Globe  
If non-resident, give place and state. Ariz

10. Color or race White

18. Color or race White

12. Birthplace (city or place) Wister  
(State or country) Oklahoma

18. Birthplace (city or place) Wister  
(State or country) Oklahoma

13. Occupation  
Nature of Industry Barber

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 10:30 P. m. on the date above stated.  
(Born alive or otherwise)

\*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 [Signature] Physician [Signature]  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Box 636 Globe Ariz  
Month, day, year 9-23-1218-335  
Filed 1/4 1935 B. E. Wightman Registrar

MARGIN RESERVED FOR BINDING  
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 order of birth stated.