ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 86

Registered No. 7

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ____ or Village ____

City Globe No. Gila County Hosp St. ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Glenn Vernon Michelena (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 Jan. 21, 1933 (Month Day Year)

8. FATHER

Full name Ramon Gallego Michelena

9. Residence (Usual place of abode) Solomonville

If non-resident, give place and state. Ariz.

10. Color or race White

11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Solomonville

(State or country) Ariz.

13. Occupation

Nature of Industry Rancher

14. MOTHER

Full maiden name Allie Fair Willhoit

15. Residence (Usual place of abode) Solomonville

If non-resident, give place and state. Ariz.

16. Color or race White

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Longrun

(State or country) Md.

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 alive (Born alive or stillborn) at 11:45 A.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 C W Adams

Physician (Physician or midwife)

Given name added from a supplemental report ____ Month, day, year

Address Box 636 Globe Ariz.

Filed 2/7, 1933 L. E. Wightman Mrs. Registrar

Registrar

741-121-163

WHEN 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.