ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 87

Registered No. 6

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Globe or Village

City Globe No. Pinal Creek 4 mi South of Globe Ward

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

2. Full name of child George Arthur Blevins (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 Roy Blevins

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

10. Color or race White | 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Riverside (State or country) California

13. Occupation Nature of Industry Laborer

14. MOTHER

Full maiden name Johanna Foerster

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 21 (Years)

18. Birthplace (city or place) Globe. (State or country) Arizona.

19. Occupation Nature of Industry House wife

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

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 12 05 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 L. E. Wightman Mbe (Physician or midwife).

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

Address Globe Ariz

Registrar

Filed 2/7 1933 L. E. Wightman Mbe Registrar

721-121-169

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.