ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 74W

Registered No. 30

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village Dripping Springs

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 Mark Jake Teague (If child is not yet named, make supplemental report, as directed.

3. Sex of Child M — 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 2 (Month) 9 (Day) 1933 (Year)

8. FATHER

Full name Jess C. Teague

9. Residence (Usual place of abode) Dripping Springs

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

10. Color or race white

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Mt. Thomas (State or country) Ariz

13. Occupation Cowboy

Nature of industry

14. MOTHER

Full maiden name Winnie Earwen

15. Residence (Usual place of abode) Dripping Springs

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

16. Color or race W

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Solomonville (State or country) Ariz

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 5

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

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 6a 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 breaches nor shows other evidence of life after birth.

Signature Dorsnah Teague

Midwife (Physician or midwife)

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

Address Globe Ariz Dripping Springs

433-209-655 Registrar

Filed 4/7 1933 F. E. Wightman Mrs Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number or order of birth stated.