ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 87

Registered No. 18

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Gila No. _____ St. _____ Ward

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

2. Full name of child Fay Jean Corey — If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female — 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 Feb 22, 1933 (Month Day Year)

8. FATHER

Full name Charles Harry Corey, Jr.

9. Residence (Usual place of abode) Globe.

If non-resident, give place and state. Ariz

10. Color or race White

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Flagstaff

(State or country) Arizona

13. Occupation

Nature of industry Rancher

14. MOTHER

Full maiden name Maxine Ellale Mecham

15. Residence (Usual place of abode) Globe

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

16. Color or race White

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Duchesne

(State or country) Utah

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 6:00 P.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. Wadams

Physician (Physician or midwife).

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

Address Box 634 Globe, Ariz.

638-222-444 Registrar

Filed 3/7, 1933 L. E. Wightman M.D. Registrar

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.