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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 28

1. PLACE OF BIRTH

County Gila State Ariz.

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 Beverly Edith Monroe (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 3 - 3 - 33 (Month Day Year)

8. FATHER

Full name Louis Martinez Monroe

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 25 (Years)

12. Birthplace (city or place) Copper Hill Ariz. (State or country)

13. Occupation Carpenter

Nature of industry

14. MOTHER

Full maiden name Myrtle Ethel Sanders

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 26 (Years)

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

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn _____

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 (Born alive or stillborn) at 7 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 T. C. Harper, Physician (Physician or midwife).

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

Address Globe, Ariz.

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

_____ Registrar

245-303-422

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.