63

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 27

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: Raymond William Helms (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: 3-15-33 (Month Day Year)

FATHER

8. Full name: Paul Theodore Helms

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: 29 (Years)

12. Birthplace (city or place): Riverside (State or country): Calif.

13. Occupation: Captain of

Nature of industry: Salvation Army

MOTHER

14. Full maiden name: Daisy Mary King

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: 25 (Years)

18. Birthplace (city or place): St. Johns (State or country): Canada

19. Occupation: Housewife

Nature of industry: _____

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: 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 born alive (Born alive or stillborn) at 10:45 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: T. C. Harper Physician (Physician or midwife)

Address: Globe, Ariz.

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

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Registrar

982-315-427