ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 06

Registered No. 24

1. PLACE OF BIRTH

County Gila State Arizona

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 Piggy Lou Fouty { 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 May 22, 1933 (Month Day Year)

FATHER

8. Full name Joseph Cecil Fouty

9. Residence (Usual place of abode) Globe Ariz.

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Farmington (State or country) N. Mex.

13. Occupation Nature of industry Laborer

MOTHER

14. Full maiden name Lela Lillian Adams

15. Residence (Usual place of abode) Globe Ariz.

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Dos Cabezas (State or country) Ariz.

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 8:00 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 C. Watkins

Physician (Physician or midwife)

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

Address Box 636 Globe, Ariz.

Registrar

Filed 4/7, 1933 H. E. Wightman Registrar

769-322-312

WRITE PLAINLY

N, B.—In case of more than one ... order of birth stated.

THIS IS A PERMANENT RECORD

RETURN must be made for each, and the number of each in