

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. **68**  
Registered No. **55-**

PLACE OF BIRTH

County **Isia** State **Ariz**

District or Township **Globe** or Village  
City **Globe** No. **3111** Ward

Full name of child **Edith Mae Leaverton**  
(If birth occurs in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

Sex of Child **Female** | To be answered ONLY in event of plural births |  Twin, triplet or other |  Legitimate? **Yes** | 7. Date of birth **4-8-33**  
Month: **4** Day: **8** Year: **33**

FATHER  
Full name **Joe Bert Leaverton**

MOTHER  
Full maiden name **Edith Ruth Counts**

8. Residence (Usual place of abode) **Globe Ariz**  
If non-resident, give place and state.

11. Residence (Usual place of abode) **Globe Ariz**  
If non-resident, give place and state.

9. Color or race **White**  
11. Age at last birthday **23** (Years)

12. Color or race **White**  
13. Age at last birthday **17** (Years)

12. Birthplace (city or place) **Centerville Tex**  
(State or country)

14. Birthplace (city or place) **Roan Springs Tex**  
(State or country)

13. Occupation **Powder man**  
Nature of industry

15. Occupation **Housewife**  
Nature of industry

20. Number of children of this mother **4** } (a) Born alive and now living **1/6**  
(Taken as of time of birth of child herein certified and including this child) } (b) Born alive but now dead **0/6**  
 } (c) Stillborn **0/6** | 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** at **11 P.** m. on the date above stated.  
(Born alive or stillborn)

\* 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 **J. C. Harper**  
**Physician** (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address **Globe Ariz**

**535-408-532** Filed **5/4** 19**33** **J. E. Wightman**  
Registrar Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B. In case of stillborn child, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.