WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 122 a

Registered No. 60

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 Nancy Walker (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 4 1933. (Month Day Year)

8. FATHER

Full name Wm J Walker

9. Residence (Usual place of abode) 599 Maple

If non-resident, give place and state.

10. Color or race W

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Lerna (State or country) Ill.

13. Occupation Carpenter

Nature of Industry

14. MOTHER

Full maiden name Pauly Penrod

15. Residence (Usual place of abode) 599 Maple

If non-resident, give place and state.

16. Color or race W

17. Age at last birthday 36 (Years)

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

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead 1

(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 or stillborn) at 4.55 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 Clarence Gunter D

(Physician or Midwife)

Given name added from a supplemental report (Month, day, year)

Address Globe Ariz.

Registrar

Filed 4/5, 1933 G. E. Wightman Registrar

569-507-774