# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 105

Registered No. 44

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 Ruth Pauline Igo

(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 10, 1933 (Month, Day, Year)

FATHER

8. Full name Lewis B. Igo

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

10. Color or race: White

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Elk Hart

(State or country) Ind

13. Occupation

Nature of industry Laborer

MOTHER

14. Full maiden name Gertrude Kuykendall

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

16. Color or race: White

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Douglas

(State or country) Arizona

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 3

(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 1

(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 6:00 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 W Adair M.D.

Physician (Physician or midwife)

Address Box 636 Globe Ariz

Given name added from a supplemental report

Month, day, year

Registrar

Filed 6/4 1933 E. E. Wightman M.D.

Registrar

996-510-223

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at one birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.