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. 129

Registered No.

1. PLACE OF BIRTH

County Gila State

District or Township or Village

City Globe No. 319 S Davareaux St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gene Arlen Walker (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 May 14 1933 (Month Day Year)

FATHER

8. Full name Wilbur (Ike) Walker

9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) New Mexico

(State or country) U.S.

13. Occupation

Nature of industry Unemployed

MOTHER

14. Full maiden name Josephine Jones

15. Residence (Usual place of abode) Globe

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 22 (Years)

18. Birthplace (city or place)

(State or country) Arizona

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 (Born alive or stillborn) at 12 P.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 Nelson H. Brayton

Miami Ariz.

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address

Registrar

Filed 6/3 1933 C. F. Peyrin

Registrar

769-514-118