82

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 77

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. 469 S East St. _____ Ward

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

2. Full name of child Rebecca Nelle Ralston

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 Sept 8 1933 (Month Day Year)

8. FATHER

Full name Carl M. Ralston

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

10. Color or race White

11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Texas (State or country)

13. Occupation Nature of Industry Engineer

14. MOTHER

Full maiden name Margie Allen

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

16. Color or race White

17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Texas (State or country)

19. Occupation Nature of Industry Housewife

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 8

(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 4:45 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 Gunter (Physician or Midwife).

Address _____

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

Anson B. Fuyre Registrar

NOV 10 1933

File NOV 10 1933. Anson B. Fuyre Registrar

995-904-415

MARGIN RESERVED FOR BINDING

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.