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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 93

Registered No. 82

1. PLACE OF BIRTH

County Pila State Arizona

District or Township or Village

City Globe No. Gila Co Hospital Ward

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

2. Full name of child Baby Taffe (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 Sept 27 1933 (Month Day Year)

8. FATHER

Full name Charles M Taffe

9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Douglas, Ariz (State or country)

13. Occupation Nature of industry Carpenter

14. MOTHER

Full maiden name Sybil Lindley

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) Douglas, Ariz (State or country)

19. Occupation Nature of industry Housewife

20. Number of children of this mother 5 (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
(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 Alive (Born alive or stillborn.) at 4 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 M D (Physician or Midwife)

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

Address

Registrar

Filed NOV 10 1933 Anson B. Sigel Registrar

635-927-238