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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. -87-

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 John Stanley Backues (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 Oct. 15, 1933 (Month Day Year)

8. FATHER

Full name Geo. Latham Backues

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race White | 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Artesia

(State or country) N. M.

13. Occupation

Nature of Industry Electrician

14. MOTHER

Full maiden name Wynette Burnett Williams

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race White | 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Globe

(State or country) Ariz.

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother 1

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(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 10:30 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 Adams

Physician (Physician or midwife)

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

Address Box 636 Globe Ariz.

122-1015-662 Registrar

Filed NOV 11 1933

Arvin B. Engle Registrar