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. 102

Registered No. -91-

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Globe No. Gila County Hospital St. Ward

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

2. Full name of child Walter David Henderson (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. 26, 1933 (Month Day Year)

8. FATHER

Full name Walter W. Henderson

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

10. Color or race White | 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Roosevelt, Arizona (State or country)

13. Occupation Nature of Industry Miner

14. MOTHER

Full maiden name Denie Mae Covey

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

16. Color or race White | 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Roswell, New Mexico. (State or country)

19. Occupation Nature of Industry Housewife.

20. Number of children of this mother One (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None

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 at 3:30 A. M. on the date above stated. (Born alive or stillborn.)

* 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 T. C. Harper

Physician, (Physician or Midwife)

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

Address Globe, Arizona

685-1026-438 Registrar

Filed NOV 11 1933 Anson B. Ingle Registrar