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. 107N

Registered No. =93=

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 Eva Virginia Brewer (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 no

6. Legitimate? yes

7. Date of birth October 30, 1933 (Month Day Year)

8. FATHER

Full name James B. Brewer

9. Residence (Usual place of abode) Globe, Arizona

If non-resident, give place and state

10. Color or race White

11. Age at last birthday 56 (Years)

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

13. Occupation Nature of industry Laborer

14. MOTHER

Full maiden name Sarah Jane Francisco

15. Residence (Usual place of abode) Globe, Ariz.

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Douglas (State or country) Wyoming.

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 (Born alive or stillborn) at 2 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 T. C. Harper

Physician (Physician or Midwife)

Address Globe, Arizona

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

529-1030-266 Registrar

Filed NOV 27 1933 19 Grace B. Ingle Registrar