ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 113

Registered No. 105

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ____ or Village ____

City Central Heights, Ariz. Route 1 Globe Ariz. St. ____ Ward

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

2. Full name of child Margaret Josephine Cloudt. (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 Nov. 16, 1933 (Month Day Year)

8. FATHER

Full name Maurice Giliopil Cloudt

9. Residence (Usual place of abode) Central Heights, Route #1 Globe

If non-resident, give place and state. Arizona

10. Color or race White

11. Age at last birthday 41 (Years)

12. Birthplace (city or place) Giliopil County

(State or country) Texas

13. Occupation

Nature of industry

14. MOTHER

Full maiden name Lelia Josephine Harper

15. Residence (Usual place of abode) Central Heights Route #1 Globe

If non-resident, give place and state. Arizona

16. Color or race White

17. Age at last birthday 39 (Years)

18. Birthplace (city or place) Cliff

(State or country) N. Mex

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 8

(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 3:00 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 C W Adams

Physician (Physician or midwife)

Address Box 636 Globe Ariz.

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

Registrar

File DEC 21 1933

Registrar

433-1116-389

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.

THIS IS A PERMANENT RECORD