ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 100

Registered No. 108

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 Jimmie Dale Brock (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 12-8-1933 (Month Day Year)

8. FATHER

Full name Will Allen Brock

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz

10. Color or race White | 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) El Paso

(State or country) Texas

13. Occupation Laborer

Nature of industry

14. MOTHER

Full maiden name Annie Weber

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz

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

18. Birthplace (city or place) Globe

(State or country) Ariz

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 2

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

(a) Born alive and now living 2

(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 Born alive at 4:15 P.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)

Address Globe Ariz

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

Filed DEC 28 1933 Gasca B. Engel Registrar

Registrar

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