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. 109

Registered No. 110

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 Lois Rene Billingsley (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 12-13-1933 (Month Day Year)

FATHER

8. Full name Thomas N. Billingsley

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

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Trinidad Colorado (State or country)

13. Occupation Farmer Nature of Industry

MOTHER

14. Full maiden name Margaret Nell Beedle

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 23 (Years)

18. Birthplace (city or place) Mitfield Kansas (State or country)

19. Occupation Housewife Nature of Industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (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 11 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)

Address Globe Ariz.

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

Filed DEC 28 1933 19__ Nora Pryce Registrar

Registrar

328-1213-425