118

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 116

Arizona _____

1. PLACE OF BIRTH

County Gila State Arizona

Township Globe 469 Yuma St. Ward

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

2. Full name of child Chief Glenn Balda (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term | 7. Legitimate? Yes | 8. Date of birth Dec 18 1933 (Month, day, year)

FATHER

9. Full name Chief Balda

10. Residence (usual place of abode) (If non-resident, give place and State) Globe

11. Color White | 12. Age at last birthday 25 (Years)

13. Birthplace (city or place) Globe (State or country) Ariz

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. unemployed

16. Date (month and year) last engaged in this work _____, 19__ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Virginia Merrill

19. Residence (usual place of abode) (If non-resident, give place and State) Globe

20. Color or race White | 21. Age at last birthday 16 (Years)

22. Birthplace (city or place) Miami (State or country) Ariz

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work _____, 19__ | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ (months or weeks) | 29. Cause of stillbirth _____ (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 3:P m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Nelson D Boyle, M. D.

or _____, Midwife

Address Miami Ariz

Given name added from a supplemental report _____ (Date of)

Filed 1/6 1934 Registrar

_____ Registrar

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