120

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 118

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 Marian Ruth Banks. | 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 Dec. 29, 1933 (Month Day Year)

8. FATHER

Full name George Alexander Banks.

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 41 (Years)

12. Birthplace (city or place) Carbonada (State or country) Iowa

13. Occupation Nature of industry Merchant

14. MOTHER

Full maiden name Selma Caroline Lehman

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 35 (Years)

18. Birthplace (city or place) Fairmont (State or country) Minn.

19. Occupation Nature of industry Housewife.

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(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 5:20 A.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

Filed 1/6, 1934 Mary B Sayre Registrar

_____ Registrar

422-1229-235

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.

WHEN PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD