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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 66-

Registered No.

MARGIN RESERVED FOR BINDING

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.

1. PLACE OF BIRTH

County: Gila State: Ariz

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: Richard Gordon Simmons (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: 3-14-34 (Month Day Year)

8. FATHER

Full name: Tracy Clay Simmons

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: 25 (Years)

12. Birthplace (city or place): Morenci (State or country): Ariz

13. Occupation: Fireman

Nature of Industry:

14. MOTHER

Full maiden name: Faye Mari Letcher

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: 24 (Years)

18. Birthplace (city or place): Ellettsville (State or country): Ind.

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother: 1 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 1

(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 3 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)

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

Address: Globe Ariz

Filed April 24, 1934

Registrar: Irene B. Nigh

Registrar

922-314-669