

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. _____

STANDARD CERTIFICATE OF BIRTH

Registered No. 140

County Gila State ARIZONA
Township _____ or Village _____
City Globe No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Emma Johanna Pieper (If child is not yet named, make supplemental report, as directed)
3. Sex Female If plural births _____ 4. Twin, triplets, or other no 5. Number in order of birth _____ 6. Premature no Full term _____ 7. Is mother married? yes 8. Date of birth Dec. 30 1889 19____ (Month, day, year)

9. Full name August Pieper FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Globe, Ariz
11. Color or race white 12. Age at last birthday 39 (Years)
13. Birthplace (city or place) (State or Country) Lippedetmold Germany
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Brewery
16. Date (month and year) last engaged in this work 12/30/89 19____ 17. Total time (years) spent in this work 10 yrs

18. Full maiden name Wilhelmina Bohse MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Globe, Ariz.
20. Color or race white 21. Age at last birthday 18 (Years)
22. Birthplace (city or place) (State or Country) Hamburg Germany
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
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 2 yrs.

7. 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

8. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { During labor or Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at Globe, Ariz 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.
Given name added from supplemental report _____ (Date of) _____

(Signed) Wilhelmina Bohse Pieper Mother, M. D.
or Mrs. Mary Black Midwife
Address _____

Registrar _____ Filed Nov 16 1936 G. S. Manning Registrar

579-1230-625