

2643

MARGIN RESERVED FOR BIRTH RECORD  
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. \_\_\_\_\_  
Registered No. 94

1. PLACE OF BIRTH  
County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Broad and Mesquite Sts. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edward Roy Hopkins  
(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 Yes  
7. Legitimate? Yes  
8. Date of birth Sept. 23, 1908  
(Month, day, year)

9. Full name Howard Clare Hopkins  
FATHER

10. Residence (usual place of abode)  
(If nonresident, give place and State) Globe, Arizona

11. Color or race White 12. Age at last birthday 24 (Years)

13. Birthplace (city or place) Napoli  
(State or country) New York

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

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

16. Date (month and year) last engaged in this work At Present, 19\_\_\_\_

17. Total time (years) spent in this work 4

18. Full maiden name Sabina Aguirre  
MOTHER

19. Residence (usual place of abode)  
(If nonresident, give place and State) Globe, Arizona

20. Color or race White 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) Lake Valley  
(State or country) New Mexico

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

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

25. Date (month and year) last engaged in this work At Present, 19\_\_\_\_

26. Total time (years) spent in this work 1

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 none (c) Stillborn none

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 at 9 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.)  
(Signed) H. C. Hopkins, Father, M. D.  
Given name added from Abstract from old County Record  
a supplemental report Filed in Division of Vital Records \_\_\_\_\_, Midwife

Registrar. \_\_\_\_\_ Filed 5/16, 1930 H. E. Wightman Registrar.