

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140
 Registered No. 252

1. PLACE OF BIRTH

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

2. Full name of child Edgar Arthur Rawthorne (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 - 6. Legitimate? yes
 5. No., in order of birth - 7. Date of birth Oct. 3, 1925
Month Day Year

8. FATHER
 Full name Ralph Arthur Rawthorne
 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 35 (Years)
 12. Birthplace (city or place) Hamilton, Ontario
 (State or country) Canada
 13. Occupation
 Nature of industry mechanic

14. MOTHER
 Full maiden name Catherine White
 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 19 (Years)
 18. Birthplace (city or place) Crab Orchard, Ky.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living one
 (b) Born alive but now dead none
 (c) Stillborn none
 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 12:48 P. M. on the date above stated
(Born alive or stillborn.)

Signature J. C. Harper, M. D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address Globe, Ariz.

Month, day, year _____ Filed 10/31, 25 W. W. Hord
 Registrar _____ Registrar _____

595-1003-365

WITH U. S. DEPARTMENT OF HEALTH, A SEPARATE RETURN must be made for each, and the number of order of birth stated.