

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. 133
Registered No. 279

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 Mary Virginia Mc Shane { 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 _____ 6. Legitimate? yes.
5. No., in order of birth _____ 7. Date of birth 11-3-25
Month Day Year

8. FATHER
Full name Robert Mc Shane
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 43 (Years)
12. Birthplace (city or place) St. Louis
(State or country) Missouri
13. Occupation
Nature of industry Mining

14. MOTHER
Full maiden name Hazel Marie Johnson
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 20 (Years)
18. Birthplace (city or place) Eureka Springs
(State or country) Arkansas
19. Occupation
Nature of industry Housewife

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 6:20 A.M. on the date above stated
(Born alive or stillborn)

Signature C. W. Adams
Globe Ariz.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address _____
Filed Nov 30 1925 N. W. Ford
Registrar Registrar

445-1103-815