

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. 180
Registered No. 308

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 Betty Lou Estes
(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. 7. Date of birth 12-25-25
Month Day Year

8. FATHER
Full name Everett Felix Estes
9. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state. Arizona
10. Color or race white
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Farmington N. Mexico
(State or country)
13. Occupation
Nature of industry Steam Engineer

14. MOTHER
Full maiden name Mary Emma Sanders
15. Residence (Usual place of abode) Globe Ariz.
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) Safford Arizona
(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 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 11:50 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 _____ Address _____
Month, day, year

Filed 12 31 25 Registrar W. H. Hottel

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