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. 200

Registered No. 17

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 Howard Kirby Allen { 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 | 5. No., in order of birth | 6. Legitimate? yes | 7. Date of birth Jan. 26, 1926 (Month, Day, Year)

8. FATHER

Full name Robert Edward Allen

9. Residence (Usual place of abode)

If non-resident, give place and state Globe, Ariz.

10. Color or race: White | 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Mason, (State or country) Texas

13. Occupation

Nature of Industry Miner

14. MOTHER

Full maiden name Annie Pearl Jennings

15 Residence (Usual place of abode)

If non-resident, give place and state Globe, Ariz.

16 Color or race: White | 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Parsons, (State or country) New Mexico

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother One

(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 (Born alive or stillborn.) at 7:10 A.m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper, M. D.

physician (Physician or midwife).

Given name added from a supplemental report Month, day, year

Address Globe, Ariz.

Registrar

Filed Jan 31, 1926 [signature] Registrar

815-126-172