ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 116

Registered No. 29

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No.: Gila County Hosp. St.: Ward:

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Theodore Vance

(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: Feb 4 - 26 (Month Day Year)

8. FATHER

Full name: Calbert Lee Vance

9. Residence (Usual place of abode): Payson

If non-resident, give place and state: Arizona

10. Color or race: White

11. Age at last birthday: 32 (Years)

12. Birthplace (city or place): Grand Junction

(State or country): Arizona

13. Occupation: Principal Schools

Nature of Industry:

14. MOTHER

Full maiden name: Dorothy Esther Nance

15. Residence (Usual place of abode): Payson

If non-resident, give place and state: Arizona

16. Color or race: White

17. Age at last birthday: 25 (Years)

18. Birthplace (city or place): Pitkin

(State or country): Colorado

19. Occupation: Housewife

Nature of Industry:

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 (Born alive or ~~stillborn~~) at 10:25 P 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: C W Adams

Globe Ariz

(Physician or ~~midwife~~)

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

Address:

Filed 2-28, 19 26 W. W. Hurst

Registrar

Registrar

355-204-455

MARGIN RESERVED FOR BI

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR

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.