

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

State File No. 117  
 Registered No. 70

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Thomas Sam Rose  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { 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 3-1-26  
 Month Day Year

**8. FATHER**  
 Full name Felix Elmer Rose  
 9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state Arizona  
 10. Color or race White  
 11. Age at last birthday 28 (Years)  
 12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Texas  
 13. Occupation  
 Nature of industry Miner

**14. MOTHER**  
 Full maiden name Jessie Salome Bradford  
 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) \_\_\_\_\_  
 (State or country) Needles Calif.  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 2  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 2  
 (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 11:40 P m. on the date above stated  
 (Born alive or stillborn)

\*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  
C. Physician  
 (Physician or midwife)

Given name added from a supplemental report. \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Globe, Ariz.  
 Filed 3/31/26 W. J. Norton  
 Registrar

WRITE INK WITH UNFADING INK—THIS IS A PERMA. RECORD. 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.

395 - 301 - 124