

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

State File No. 168
 Registered No. 77

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 Alton Earl Grabe (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. 7. Date of birth 3-19-26
 5. No., in order of birth _____ Month Day Year

8. FATHER
 Full name Richard Alton Grabe
 9. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state. _____
 10. Color or race white
 11. Age at last birthday 35 (Years)

14. MOTHER
 Full maiden name Christabelle Schultz
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state. _____
 16. Color or race white
 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Silver City, N. Mexico
 (State or country) _____
 13. Occupation Lumber
 Nature of industry Business

18. Birthplace (city or place) Ft. Thomas, Arizona
 (State or country) _____
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 1 (a) Born alive and now living 1
 (Taken as of time of birth of child herein certified and including this child.) (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 3:20 P. m. on the date above stated
 (Born alive or stillborn)

Signature E. W. Adams

 (Physician or midwife)

Given name added from a supplemental report _____ Address 7/31 Globe, Arizona
 Month, day, year _____ Filed 3/26 1926 _____
 Registrar _____ Registrar _____

175-317-1329

WRITE IN ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.