

order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Globe

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 80

County Registrar No. _____

Local Registrar No. _____

No. Gila County St. Hoop Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wayne Smith Langford { 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 13 April 1926
Month Day Year

8. FATHER Full name Samuel Ford Langford

14. MOTHER Full maiden name Martha F. Smith

9. Residence (Usual place of abode) Roosevelt
If non-resident, give place and state.

15. Residence (Usual place of abode) Roosevelt
If non-resident, give place and state.

10. Color or race white
11. Age at last birthday 45 (Years)

16. Color or race W
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) South Carolina
(State or country)

18. Birthplace (city or place) Bigelow Kansas
(State or country)

13. Occupation Nature of industry Accountant

19. Occupation Nature of industry Lawyer

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 4 (b) Born alive but now dead _____ (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 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 Dr. G. Hunter (Physician or midwife)

Address Globe

Given name added from a supplemental report. Filed 4-20 1926 W. W. Fort Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

634-413-428