

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

State File No. 173
 Registered No. 93

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 Dorothy Edwards If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth 1 7. Date of birth April 26, 1926
Month Day Year

8. FATHER
 Full name John Rulon Edwards
 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 25 (Years)
 12. Birthplace (city or place) Beaver
 (State or country) Utah
 13. Occupation
 Nature of industry Pipe fitter

14. MOTHER
 Full maiden name Julia Willis
 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 24 (Years)
 18. Birthplace (city or place) Salt Lake City
 (State or country) Utah
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother four (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living four
 (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 at 5:50 P.M. on the date above stated
(Born alive or stillborn.)

Signature T.C. Harper, M.D.
(Physician or midwife)

Address Globe, Ariz.

Given name added from a supplemental report _____
 Month, day, year _____
 Filed 4-30 1926 W. H. Hunt
 Registrar

*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.

452-426-162