

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

State File No. 106
 Registered No. 111

1. PLACE OF BIRTH

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

2. Full name of child Hughlett Floyd Griner (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. no 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth May 1, 1926
 Month Day Year

8. FATHER
 Full name Joseph Hughlett Griner
 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 39 (Years)
 12. Birthplace (city or place) Walde
 (State or country) Texas
 13. Occupation
 Nature of Industry Miner

14. MOTHER
 Full maiden name Clara Josephine Slaughter
 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 30 (Years)
 18. Birthplace (city or place) San Antonio,
 (State or country) Texas
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother. 5
 (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 one
 (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 12:25 p.m. on the date above stated
 (Born alive or stillborn.)

Signature T. C. Harper, M.D.

 (Physician or midwife).

Given name added from a supplemental report. _____ Address Globe, Ariz

 Filed 5/31/26 _____ Registrar W. W. Hunt

Registrar

Registrar

879-501-329

order of birth stated.