

N. B.—In cases 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.

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

State File No. 112
Registered No. 112

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 Jannita Carol Lanphier { 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 7. Date of birth May 3, 1926
Month Day Year

8. FATHER

Full name John Thomas Lanphier

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 28 (Years)

12. Birthplace (city or place) Clifton Arizona
(State or country)

13. Occupation Nature of Industry miner

14. MOTHER

Full maiden name Violet Boston

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 22 (Years)

18. Birthplace (city or place) Custer, S. D.
(State or country)

19. Occupation Nature of industry Housewife

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

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

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

Filed 5/31 26 1926 Registrar H. W. Foster
Registrar

139-503-524