ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No. 108

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 Eugene Minter Boyd. (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 5-20-26 (Month Day Year)

8. FATHER

Full name John Judson Boyd

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

10. Color or race White | 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Monyhans

(State or country) Texas

13. Occupation

Nature of industry Ford Mechanic

14. MOTHER

Full maiden name Olive Shultz.

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 28 (Years)

18. Birthplace (city or place) Hamilton

(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 4.

(b) Born alive but now dead 1

(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 2:00 a 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 C W Adams

Physician

(Physician ~~or midwife~~)

Given name added from a supplemental report

Month, day, year

Address Globe Ariz

Registrar

Filed May 31, 1926 W. W. Hoist

Registrar

N. B.—In case 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.

524-520-629