

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

State File No. 130
Registered No. 126

1. PLACE OF BIRTH
County Gila, State _____
District or Township Globe, or Village _____
City Globe, No. Cor. Cottonwood & East St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Franklynn Arno Elias, (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth _____	6. Legitimate? <u>Yes.</u>	7. Date of birth <u>6</u> <u>19</u> <u>1926</u> Month Day Year
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8. FATHER
Full name Manno Arthur Elias,

14. MOTHER
Full maiden name Melba Wightman

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

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

10. Color or race
White

16. Color or race
White

11. Age at last birthday 28 (Years)

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Harris-smith,
(State or country) Africa.

18. Birthplace (city or place) Thatcher,
(State or country) Ariz.

19. Occupation
Nature of Industry Telephone Engineer,

19. Occupation
Nature of Industry Housewife,

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(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 3:15 A.m. on the date above stated
(Born alive or stillborn)

Signature M. E. Wightman
Physician
(Physician or midwife)

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

Month, day, year _____
Registrar _____ Filed 6/31 1926 W. W. Noe

652-619-465

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.