

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

State File No. 147  
 Registered No. 145

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe, No. 321 Mesa St., St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sheldon Ralph Hawes, (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <b>Male</b>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <b>Yes</b>	7. Date of birth Month Day Year <b>7 16 1926</b>
		5. No., in order of birth _____		

8. FATHER  
 Full name Ralph W. Hawes

14. MOTHER  
 Full maiden name Flora F. Hendryx,

9. Residence (Usual place of abode) 321 Mesa St. Globe, Ariz.  
 If non-resident, give place and state.

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

10. Color or race White  
 11. Age at last birthday 29 (Years)

16. Color or race White  
 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Central, Ariz.  
 (State or country)

18. Birthplace (city or place) Texas,  
 (State or country)

13. Occupation Clerk  
 Nature of industry \_\_\_\_\_

19. Occupation Housewife,  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living <u>1</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>
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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 6 P. 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 D. E. Wightman  
 \_\_\_\_\_  
 Physician, (Physician or midwife)

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

Month, day, year \_\_\_\_\_ Filed 7-31, 1926 W. H. Hunt  
 Registrar Registrar

282-716-687

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.