

... 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 159

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Town of \_\_\_\_\_

Local Registrar No. 182

or Globe  
City of \_\_\_\_\_

No. 478 Sycamore  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Michael Dolph Guldin  
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 Aug. 8, 1926  
Month Aug day 8 year 1926

3. FATHER  
Full name Michael Judge Guldin

14. MOTHER  
Full maiden name Mabel Lillian Fisher

9. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state

10. Color or race white  
11. Age at last birthday 21 (Years)

16. Color or race white  
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Yuma, Arizona  
(State or country)

18. Birthplace (city or place) Spokane, Washington  
(State or country)

13. Occupation  
Nature of industry miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living one  
(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 5:11 p.m. on the date above stated.  
(Born alive or stillborn.)

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

Given name added from supplemental report \_\_\_\_\_  
Month, day, year. Filed 8-31, 1926 St. St. North Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

475-806-169