

WRIT. - MAINLY WITH UNFADING INK - THIS IS A PERM. NT 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.

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

State File No. 176
 Registered No. 214

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 Betty Jane Shaylor

{ 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes. 7. Date of birth 9-27-26
 Month Day Year

8. FATHER

Full name Wade Wellington Shaylor

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

10. Color or race white 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Memphis
 (State or country) Missouri

13. Occupation
 Nature of industry Miner

14. MOTHER

Full maiden name Grace Olive Fisher

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

16. Color or race white 17. Age at last birthday 32 (Years)

18. Birthplace (city or place) Fairplay
 (State or country) Colorado

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 3
 (b) Born alive but now dead 1
 (c) Stillborn 1

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 5:00 a. m. on the date above stated
(Born alive or stillborn.)

Signature C. W. Adams

(Physician or midwife)

Given name added from a supplemental report _____ Address Globe Arizona
 Month, day, year _____ Filed 9-30 1926 Dr. St. Norst
 Registrar _____ Registrar _____

229-927-769