

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

State File No. 124  
 Registered No. 277

**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 Marna Lee Allen (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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth 12-3-26  
 Month Day Year

**8. FATHER**

Full name Howard Howell Allen

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

10. Color or race White  
 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Texas  
 (State or country)

13. Occupation Railroad employee  
 Nature of Industry

**14. MOTHER**

Full maiden name Gladys Lanelle Rolston

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 30 (Years)

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

19. Occupation Housewife  
 Nature of Industry

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 \_\_\_\_\_  
 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 4:30 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 or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Address Globe Ariz.  
 Filled 12/31 1926 \_\_\_\_\_  
 Registrar \_\_\_\_\_

515-1203-795

WRITE ONLY 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.