

WRITE ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. 149
Registered No. 281

1. PLACE OF BIRTH

County Gila State Ariz
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 John Murray Longbram { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. 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 12-13-26
Month Day Year

8. FATHER Full name Edward Longbram

14. MOTHER Full maiden name Mary Murray

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

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

10. Color or race white 11. Age at last birthday 30 (Years)

16. Color or race white 17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) England
(State or country)

13. Occupation Nature of industry miner

19. Occupation Nature of industry housewife

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 2
(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 7:30 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 C. W. Adams
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe Ariz
Month, day, year _____ Filled 12/31/26 H. M. Hunt
Registrar Registrar

135-1213-448