

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 653

Registered No. 268

**1. PLACE OF BIRTH**

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

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

2. Full name of child Edward Dale Blumer { 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 Dec. 15, 1926  
Month Day Year

8. FATHER  
Full name Rudolph Roy Blumer

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

10. Color or race white 11. Age at last birthday 24 (Years)

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

13. Occupation  
Nature of industry pipe fitter

14. MOTHER  
Full maiden name Estelle Delia Beeman

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

16. Color or race white 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Deming, New Mexico  
(State or country)

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother one (a) Born alive and now living one  
(Taken as of time of birth of child herein certified and including this child.) (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 10:20 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 T. R. Harper  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona  
Month, day, year \_\_\_\_\_

Filed 12/31, 1926 St. J. Horst  
Registrar Registrar

529-1219-525