

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

State File No. 157
 Registered No. 269

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 Morgan X. Walters
{ 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 - 6. Legitimate? yes
 7. Date of birth Dec. 15, 1926
 Month Day Year

8. FATHER
 Full name Marion E. Walters

14. MOTHER
 Full maiden name Lillian Elizabeth Morris

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

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

10. Color or race white 11. Age at last birthday 42 (Years)

16. Color or race white 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Illinois
 (State or country) U.S.A.

18. Birthplace (city or place) Kansas
 (State or country) U.S.A.

13. Occupation
 Nature of industry miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother three
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living two
 (b) Born alive but now dead one
 (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 6:20 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 T. C. Harper
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Globe, Arizona

Month, day, year _____
 Filed 12/31, 26 1926
 Registrar Dr. Horst

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.

462-1215-342