

AMENDMENT ATTACHED

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

State File No. 135  
Registered No. 13

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 Lene Barrett Haynes { 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 ✓ 5. Legitimate? yes 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Jan. 20, 1928  
Month Day Year

8. FATHER  
Full name Francis Donald Haynes

14. MOTHER  
Full maiden name Mary Bess Barrett

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

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 22 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Claremore, Oklahoma  
(State or country)

18. Birthplace (city or place) Claremore, Oklahoma  
(State or country)

13. Occupation  
Nature of Industry Gas meter tester

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother Two (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 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 1:45 p.m. on the date above stated  
(Born alive or stillborn.)

Signature T. S. Harper  
Globe, Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_

Month, day, year 782-120-423 Registrar  
Filed 2/8 1928 E. F. Wightman Registrar