

# ARIZONA STATE BOARD OF HEALTH

## PLACE OF BIRTH

### BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 124  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 19

1. County of Gila  
District of Globe  
Town of Globe  
or \_\_\_\_\_  
City of 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 Baby Mullenau { If child is not yet named, make supplemental report, as directed.

3. Sex of Child \_\_\_\_\_ To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate?  7. Date of birth 2-1-28  
Month Day Year

8. FATHER  
Full name Jack Roberts  
9. Residence (Usual place of abode) Globe, Ariz  
If non-resident, give place and state. Globe, Ariz  
10. Color or race White  
11. Age at last birthday 22 (Years)  
12. Birthplace (city or place) South Carolina  
(State or country)  
13. Occupation  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Francis Mullenau  
15. Residence (Usual place of abode) Globe, Ariz  
If non-resident, give place and state. Globe, Ariz  
16. Color or race White  
17. Age at last birthday 21 (Years)  
18. Birthplace (city or place) Sapped Arizona  
(State or country)  
19. Occupation  
Nature of industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living \_\_\_\_\_  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was stillborn at 9:30 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 [Signature] (Physician or midwife)  
Address Globe Ariz

Given name added from a supplemental report \_\_\_\_\_ Filed 8/10, 1928 G. E. Wightman Local Registrar.  
Month, day, year

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.  
Registrar \_\_\_\_\_

047-201-647

WRITE PLAINLY WITH UNFADING INK. 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.