

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

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

State File No. 145
 Registered No. 25

1. PLACE OF BIRTH
 County Hila State Arizona
 District or Township Glendale or Village _____
 City Glendale 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 Belcher

3. Sex of Child male **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** 2-10-1928
Month Day Year

8. FATHER
 Full name John Belcher

14. MOTHER
 Full maiden name Alice Stearns

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

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

10. Color or race
White

11. Age at last birthday 26 (Years)

16. Color or race
White

17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Feller
 (State or country) Colorado.

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

13. Occupation
 Nature of industry Labourer.

19. Occupation
 Nature of industry House wife

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 0
 (b) Born alive but now dead 0
 (c) Stillborn 1

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 Stillborn 8:30 at 8:30 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 E. E. Wightman, M.D.,
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Glendale, Arizona.

Month, day, year _____ Filed 3/10 1928 E. E. Wightman
 Registrar Registrar

029-710-122