

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 168

Registered No. 29

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 Betty Jean Stockham (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes

7. Date of birth 2-17-1928 Month Day Year

8. FATHER Full name Allen Stockham

14. MOTHER Full maiden name Myrtle Joseph

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

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

10. Color or race white 11. Age at last birthday 43 (Years)

16. Color or race white 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Buffington Mo.  
(State or country)

18. Birthplace (city or place) Folsomville, Ind.  
(State or country)

13. Occupation Laborer  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 10  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 8  
(b) Born alive but now dead 2  
(c) Stillborn 0

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 9:55 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  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Globe, Ariz.

Month, day, year \_\_\_\_\_  
Filed 3/10 1928 H. E. Wyllie  
Registrar

224-217-418

order of birth stated.