

PLACE OF BIRTH SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of Globe  
 Town of Globe  
 or  
 City of Globe

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 48

2. Full name of child Robt Lee Nance { 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  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth 3-10-28  
Month Day Year

8. FATHER  
 Full name Francis Arheax Nance

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

10. Color or race White 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Denver Colo-  
 (State or country)

13. Occupation  
 Nature of industry Time-keeper-

20. Number of children of this mother } (a) Born alive and now living 1  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0  
 certified and including this child.) } (c) Stillborn 0

14. MOTHER  
 Full maiden name Francis Arheax Nance

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

16. Color or race White 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Durango - Colo-  
 (State or country)

19. Occupation  
 Nature of industry House wife

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 7:30 AM 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 CW Adams (Physician or midwife)  
 Address \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_ Filed 4/4, 1928 E.E. Wightman Local Registrar.  
 Month, day, year

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.  
955-310-555