

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

State File No. 141
 Registered No. 69

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township Globe or Village _____
 City Globe No. Gila County Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ellis Paul Denney (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 4-17-28
Month Day Year

8. FATHER
 Full name Frederick Walker Denney

14. MOTHER
 Full maiden name Mabel Maude Johnson

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

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

10. Color or race white 11. Age at last birthday 28 (Years)

16. Color or race white 17. Age at last birthday 30 (Years)

13. Birthplace (city or place) Swan Lake, Idaho
(State or country)

18. Birthplace (city or place) Omaha Nebraska
(State or country)

13. Occupation
 Nature of Industry Baker

19. Occupation
 Nature of Industry House wife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (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 2:35 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]

Address Box 636, Globe, Ariz
(Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year _____

Filed 5/10 1928 G. E. Wightman
 Registrar

548-417-415