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

State File No. 175
Registered No. 87

1. PLACE OF BIRTH

County Gila State Ariz
District or Township Globe 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 Edward Lauerne Anderson { 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 | 5. No., in order of birth | 6. Legitimate? yes | 7. Date of birth 5-26-28 (Month Day Year)

8. FATHER
Full name Seb Sidney Anderson

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 40 (Years)

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

13. Occupation
Nature of industry Cook

14. MOTHER
Full maiden name Edna Fisher

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)
(State or country) Joklin, Mo.

19. Occupation
Nature of industry House-wife

20. Number of children of this mother 8
(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 1
(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 (Born alive or stillborn.) at 5:00 P.m. on the date above stated

* 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 C Wadams
Physician (Physician or midwife).

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

Address Box 636, Globe, Ariz

Filed 6/8, 1928 L. E. Wightman MD
Registrar

Registrar

515-526-569