

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

State File No. 194
 Registered No. 110

1. PLACE OF BIRTH

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

2. Full name of child Barbara Smith { If child is not yet named, make supplemental report, as directed.

3. Sex of Child 1 } To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth 1 7. Date of birth June 27, 1928
 Month Day Year

8. FATHER
 Full name Glen S. Smith

14. MOTHER
 Full maiden name _____

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

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 If non-resident, give place and state.

10. Color or race W 11. Age at last birthday 27 (Years)

16. Color or race W 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Utah
 (State or country)

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

13. Occupation P.O. employee
 Nature of industry

19. Occupation housewife
 Nature of industry

20. Number of children of this mother 1 } (a) Born alive and now living 1
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead _____
 (c) Stillborn _____ 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 a.m. on the date above stated
 (Born alive or stillborn)

Signature P. W. Kennedy
 (Physician or midwife).

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Registrar _____ Filed 8/6, 1928 G. E. Weylman Registrar

228-627-000

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.

REPRODUCED FROM THE ORIGINAL RECORDS OF THE ARIZONA STATE BOARD OF HEALTH