

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

State File No. 136
Registered No. 127

1. PLACE OF BIRTH

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

2. Full name of child Fredrick Shelby Stong (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 July 9, 1928
Month Day Year

8. FATHER
Full name Fredrick Ernest Stong

14. MOTHER
Full maiden name Grace Shelby

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

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If non-resident, give place and state.

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

16. Color or race White 17. Age at last birthday 28 (Years)

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

18. Birthplace (city or place) New Madrid, Missouri
(State or country)

13. Occupation
Nature of industry Teacher

19. Occupation
Nature of industry Housewife

20. Number of children of this mother: (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 alive at 8:25 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 C. W. Thomas
Physician or _____
(Physician or _____)

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

Address Box 636 Globe Arizona

Filed 8/4, 1928 J. E. Wightman Registrar

Registrar

027-709-728

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.