

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

State File No. 139
Registered No. 124

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ 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 Infant Woodmansee { 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 July 11, 1928
Month Day Year

8. FATHER Full name <u>Arthur West Woodmansee</u>		14. MOTHER Full maiden name <u>Edna Nelson</u>	
9. Residence (Usual place of abode) <u>Globe</u> If non-resident, give place and state. <u>Arizona</u>		15. Residence (Usual place of abode) <u>Globe</u> If non-resident, give place and state. <u>Arizona</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Papalota</u> (State or country) <u>Texas</u>		18. Birthplace (city or place) <u>Salt Lake City</u> (State or country) <u>Utah</u>	
13. Occupation <u>Cement Worker</u> Nature of industry _____		19. Occupation <u>Housewife</u> Nature of industry _____	

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

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 9:59 P. m. on the date above stated
(Survived 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. Williams
Physician
(Physician or midwife)

Given name added from _____ Address Box 636 Globe Arizona
Month, day, year _____ Filled 8/6 1928 G. E. Wightman Registrar

065-711-555

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number order of birth stated.