

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

State File No. 156
 Registered No. 178

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 Merline Lenore Laird (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 18, 1928
Month Day Year

8. FATHER
 Full name Hugh Boyd Laird
 9. Residence (Usual place of abode) Globe Arizona
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Gilmer Texas
 (State or country)
 13. Occupation
 Nature of industry Druggist

14. MOTHER
 Full maiden name Blanche Lenore Mc Donald
 15. Residence (Usual place of abode) Globe Arizona
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) Mayer Arizona
 (State or country)
 19. Occupation
 Nature of industry Housewife

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 alive at 5 1/2 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. Adams
 (Physician or midwife)
 Address Box 636 Globe Arizona
 Filed 8/6, 1928 G. E. W. [Signature] Registrar

1. In case of more than one child at a birth, 2. SEPARATE RETURN must be made for each, and number of each in order of birth stated.

434-78-244