

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 100
Registered No. 136

1. PLACE OF BIRTH

County Gila State Ariz.
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 Harry Theodore Hocking (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. 7. Date of birth Aug. 2, 1928.
5. No., in order of birth _____ Month Day Year

8. FATHER
Full name Harry Hocking
9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 43 (Years)
12. Birthplace (city or place) England
(State or country)
13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Minnie Tremblat
15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 44 (Years)
18. Birthplace (city or place) England
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 8 } (a) Born alive and now living 8
(Taken as of time of birth of child herein certified and including this child.) } (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 born alive at 3:45 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 T. S. Harper
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe Arizona
Month, day, year _____ Filed 9/13, 1928 E. E. Wightman
Registrar Registrar

887-802-438

MARGIN RESERVED FOR BINDING
WRITE PAINTLY 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.