

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

State File No. 120  
Registered No. 140

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

2. Full name of child Betty Jane Burtis (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 Aug. 11, 1928  
Month Day Year

8. FATHER  
Full name Walker Tallman Burtis  
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 32 (Years)  
12. Birthplace (city or place) Globe  
(State or country) Ariz.  
13. Occupation  
Nature of industry Salesman

14. MOTHER  
Full maiden name Jane Elizabeth Harris  
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 21 (Years)  
18. Birthplace (city or place) Belburne, Texas  
(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 \_\_\_\_\_  
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 6:25 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 [Signature]  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Box 636 Globe Ariz.  
Filed 9/13, 1928 S. E. Wightman  
Registrar

FOR BINDING  
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.

222-811-182