

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

State File No. 154^v
 Registered No. 154

1. PLACE OF BIRTH

County Gila State _____
 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

Carmen Loraine Van Cleve (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

Aug. 23, 1928
 of birth Month Day Year

8.

FATHER

Full name

Lawrence Van Cleve

9. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

Ariz.

10. Color or race

White

11. Age at last birthday 52 (Years)

12. Birthplace (city or place)

Wilson Co.

(State or country)

Tex.

13. Occupation

Nature of industry

Laborer

14.

MOTHER

Full maiden name

Ada Rochester

15. Residence

(Usual place of abode)

Globe,

If non-resident, give place and state.

Ariz.

16. Color or race

White

17. Age at last birthday 39 (Years)

18. Birthplace (city or place)

San Antonio

(State or country)

Tex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 6

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead 1

(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 9:10 A.M. on the date above stated
 (Born alive or stillborn.)

Signature

J. C. Harper

physician

(Physician or midwife)

Address

Globe, Ariz.

Filed 9/13

1928

G. E. Dugheimer

Registrar

Given name added from
 a supplemental report

Month, day, year

Registrar

355-873-199

MARGIN

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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.