

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

State File No. 134  
 Registered No. 174

**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**

Mary Joan Lewis { If child is not yet named, make supplemental report, as directed.

**3. Sex of Child**

F. 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**

Sept 10 1928  
 Month Day Year

**8. FATHER**  
 Full name Harry P. Lewis

**14. MOTHER**  
 Full maiden name Velma Virginia Posey

**9. Residence**  
 (Usual place of abode) Globe  
 If non-resident, give place and state.

**15. Residence**  
 (Usual place of abode) Globe  
 If non-resident, give place and state.

**10. Color or race**  
W.

**11. Age at last birthday** 30 (Years)

**16. Color or race**  
W.

**17. Age at last birthday** 25 (Years)

**12. Birthplace** (city or place) Missouri  
 (State or country)

**18. Birthplace** (city or place) Missouri  
 (State or country)

**13. Occupation** proprietor  
 Nature of industry Service Station

**19. Occupation** Housewife  
 Nature of industry

**20. Number of children of this mother** \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 born alive at 3 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 R. G. Gentry, M.D.  
Globe, Ariz  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address \_\_\_\_\_

Registrar \_\_\_\_\_

Filed 10/11, 1928 G. E. Wylton  
 Registrar

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 order of birth stated.

432-710-538