

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
order of birth stated.

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

State File No. 146 V
Registered No. 167

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

Ray E. Curtis { 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

5. No., in order of birth _____

6. Legitimate?

Yes.

7. Date of birth

Sept. 15 1928
Month Day Year

8. FATHER

Full name Rue E. Curtis

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)

14. MOTHER

Full maiden name Doris C. Slaughter

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 28 (Years)

12. Birthplace (city or place)

(State or country) New Mexico

18. Birthplace (city or place)

(State or country) El Paso Texas

13. Occupation

Nature of industry miner

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 1:45 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 J. C. Harper

physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____

Address Globe, Ariz.

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

932-915-429