

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

State File No. 158^v
Registered No. 168

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

Ruth Stead

{ 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 _____ 6. Legitimate? Yes } 7. Date of birth Sept 18 1928
5. No. in order of birth _____ Month Day Year

8. FATHER
Full name Beveridge Stead

14. MOTHER
Full maiden name Florence De Vile Nield

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

15. 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)

16. Color or race white **17. Age at last birthday** 33 (Years)

12. Birthplace (city or place) Patterson N.Y.
(State or country)

18. Birthplace (city or place) Patterson N.Y.
(State or country)

13. Occupation Leaching plant foreman
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 } (a) Born alive and now living 1
(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 9:50 A 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 (Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Ariz.

Month, day, year _____ Filed 10/11, 1928 L. E. Wylburn Registrar

924-918-664

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERSISTENT RECORD
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.