

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 27

Registered No. 375

1. PLACE OF BIRTH

County Cochise State Arizona
 District or Township Cochise or Village Butte
 City Bisbee No. Copper Green 1008 St. 1008 Ward 1008
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joy Angela
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 10-7-28
 Month Day Year

8. FATHER
 Full name Andrew Anger
 9. Residence (Usual place of abode) Bisbee
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Arizona
 (State or country)
 13. Occupation miner
 Nature of industry

14. MOTHER
 Full maiden name Zeta Tarnasworth
 15. Residence (Usual place of abode) Bisbee
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or state) Mexico
 (State or country)
 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 1
 (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 alive at 12:10 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]

Given name added from a supplemental report..... Address 196 Bisbee Az
 Month, day, year

Registrar..... Filed 11-10-1928 R. B. Blomker
 Registrar.

115-1007-968