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SUPPLEMENTAL CERTIFICATE OF ADOPTION

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

BIRTH NO. 102-

CERTIFICATE OF BIRTH

REGISTRAR'S NO.

PLACE OF BIRTH OF CHILD AND USUAL RESIDENCE OF MOTHER

1. PLACE OF BIRTH
A. COUNTY: GILA
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS WRITE RURAL): GLOBE
C. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION):

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: ARIZONA
B. COUNTY: GILA
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): GLOBE
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

THIS CHILD

3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST): SHIRLEY B. (MIDDLE): MARCIA C. (LAST): PANHURST

4. SEX: FEMALE

5A. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐

5B. IF TWIN OR TRIPLET (THIS CHILD): 1ST ☐ 2ND ☐ 3RD ☐

6A. DATE OF BIRTH (MONTH) (DAY) (YEAR): NOVEMBER 1, 1928

6B. HOUR: M

FATHER OF CHILD

7. FULL NAME A. (FIRST): Harry B. (MIDDLE): Leo C. (LAST): Panhurst

8. COLOR OR RACE: White

9. AGE (AT TIME OF THIS BIRTH): 40

10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Globe, Arizona

11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Quincy, Illinois

12A. USUAL OCCUPATION:

12B. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

13. FULL MAIDEN NAME A. (FIRST): Shirley B. (MIDDLE): Marcelina C. (LAST): Eaton

14. COLOR OR RACE: White

15. AGE (AT TIME OF THIS BIRTH): 34

16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): San Luis Potosi Mexico

17A. USUAL OCCUPATION:

17B. KIND OF BUSINESS OR INDUSTRY:

18A. CHILDREN BORN TO THIS MOTHER (INCLUDING THIS CHILD)

B. HOW MANY OTHER CHILDREN ARE NOW LIVING?

C. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?

D. HOW MANY OTHER CHILDREN WERE STILLBORN (BORN DEAD AFTER 5 MONTHS PREGNANCY):

INFORMANT

19. INFORMANT'S NAME:

RELATIONSHIP:

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE/DEAD ON THE HOUR AND DATE STATED ABOVE.

20A. ATTENDANT'S SIGNATURE: L. E. Wightman

20B. ATTENDANT AT BIRTH: M. D. ☒ D. O. ☐ MIDWIFE ☐ OTHER (SPECIFY)

20C. ADDRESS: Globe, Ariz.

20D. DATE SIGNED:

REGISTRAR'S CERTIFICATION

21A. DATE REC'D BY LOCAL REG.: 12 - 10 - 1928

21B. REGISTRAR'S SIGNATURE: L. E. Wightman, M. D.

22. DATE ON WHICH GIVEN NAME ADDED BY REGISTRAR:

LEAVE BLANK (Add After Filing)

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23A. LENGTH OF PREGNANCY: WKS.

23B. WEIGHT AT BIRTH: LBS. OZS.

24A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

24B. STATE ANY OPERATION FOR DELIVERY:

24C. DESCRIBE ANY CONGENITAL MALFORMATIONS:

24D. DESCRIBE ANY BIRTH INJURY: 273-110-255

24E. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? YES ☐ NO ☐

24F. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☐ NO ☐

MOTHER'S NAME AND MAILING ADDRESS: