

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 123  
Registered No. 206

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Gila County Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ila Virginia Troutman (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 11-2-28  
Month Day Year

8. FATHER  
Full name Creed Bradley Troutman

14. MOTHER  
Full maiden name Janna Williams

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

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

10. Color or race White 11. Age at last birthday 38 (Years)

16. Color or race White 17. Age at last birthday 36 (Years)

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

18. Birthplace (city or place) King City  
(State or country) Missouri

13. Occupation Bank Teller  
Nature of Industry \_\_\_\_\_

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 0  
(b) Born alive but now dead 0  
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was still born at 2:15 P m. on the date above stated  
(~~born~~ live 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 C. W. Adams  
Physician  
(Physician or midwife).

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

Month, day, year \_\_\_\_\_ Filed 12/10, 1928 S. E. Wightman  
Registrar Registrar

935-1102-962