

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

State File No. 107
 Registered No. 245

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 Adolph William Enders { 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 _____ } 6. Legitimate? yes
 5. No., in order of birth _____ } 7. Date of birth 12-3-'28
Month Day Year

8. **FATHER**
 Full name Arthur Enders

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 27 (Years)

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

13. Occupation
 Nature of industry Automobile dealer

14. **MOTHER**
 Full maiden name Alie Alene Armstrong

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 29 (Years)

18. Birthplace (city or place) Silver City Nevada
(State or country)

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 2 } (a) Born alive and now living 2
(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 Alie at 2:15 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]

(Physician or midwife).

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

Month, day, year _____ Filed 1/4 1929 S.E. Wightman Registrar

Registrar

Registrar

152-1203-117