

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 121
Registered No. 232

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. Gila County Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sallie Arminy Woodburn { 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
5. No., in order of birth. _____ 7. Date of birth Dec. 8, 1928
Month Day Year

8. FATHER Full name Orr Woodburn

14. MOTHER Full maiden name Sallie Arminy Colt

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

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

10. Color or race white 11. Age at last birthday 42 (Years)

16. Color or race white 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Curtis
(State or country) Nebraska

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

13. Occupation Nature of industry Mining Engineer

19. Occupation Nature of industry Housewife

20. Number of children of this mother. Three (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living Three
(b) Born alive but now dead none
(c) Stillborn none

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 8:15 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 J. C. Harper
physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filled 1/4, 1929 B. E. Wigham Registrar

Registrar

Registrar

265-1208-233

Order of birth stated.