

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

State File No. 141^V
 Registered No. 236

1. PLACE OF BIRTH

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

2. Full name of child Margaret Geraldine Flauggan (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 Dec. 14, 1928
 Month Day Year

8. FATHER
 Full name Thomas Lee Flauggan
 9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state. _____
 10. Color or race White
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) Stephensville, Texas
 (State or country) _____
 13. Occupation Carpenter
 Nature of industry _____

14. MOTHER
 Full maiden name Thelma Geraldine Maybee
 15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state. _____
 16. Color or race White
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Isabel County, Michigan
 (State or country) _____
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother Two
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living Two
 (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 2:30 p. m. on the date above stated
(Born alive or stillborn)

Signature T. C. Harper

(Physician or midwife)

Address Globe, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____

Filed 1/4, 1929 E. E. Edgerton
 Registrar

465-1214-345

order of Birth, Recd.