

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 189
 Registered No. 10

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 Ronald Rogers Adams { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>1-28-29</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
 Full name Clarence Walter Adams

14. MOTHER
 Full maiden name Marie Genevieve Rogers

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

15. Residence (Usual place of abode) Globe Ariz.
 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 38 (Years)

12. Birthplace (city or place) West Liberty Ill
 (State or country)

18. Birthplace (city or place) Iowa City Iowa
 (State or country)

13. Occupation Physician & Surgeon
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother..... <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 40 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 R. Adams
Physician
 (Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year 4/2-128-492
 Registrar _____
 Address Globe, Ariz.
 Filed 2/10 1929 U.S. Edgerton Registrar