

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

State File No. 167
 Registered No. 29

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 Helen Jean Mayne (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child 7 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 2-18-29
Month Day Year

8. FATHER
 Full name Arthur Stanley Mayne
 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 30 (Years)

14. MOTHER
 Full maiden name Evelyn Helen Peterson
 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 20 (Years)

12. Birthplace (city or place) Globe Ariz
(State or country)
 13. Occupation Miner
 Nature of Industry _____

18. Birthplace (city or place) Bisbee Ariz
(State or country)
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (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 born alive at 5:34 P. m. on the date above stated
(Born alive or stillborn)

Signature C. W. Adams

(Physician or midwife)

Given name added from a supplemental report _____
 Address Globe, Ariz.
 Filed 2/18 1929 H. E. Wightman
 Registrar _____

215-218-515