

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 170Registered No. 32

## 1. PLACE OF BIRTH

County Gila State Ariz.

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 Cynthia Ruth Walker { 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 7. Date of birth 2-20-1929  
Month Day Year8. FATHER Full name William James Walker 14. MOTHER Full maiden name Pauly Irene Penrod9. Residence (Usual place of abode) Globe Ariz. 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 29 (Years) 16. Color or race White 17. Age at last birthday 33 (Years)12. Birthplace (city or place) Lerna Ill. 18. Birthplace (city or place) Peaon Utah  
(State or country)13. Occupation Carpenter 19. Occupation Housewife  
Nature of Industry20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (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 4:10 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 T. E. Harper (Physician or midwife.)  
physicianGiven name added from a supplemental report \_\_\_\_\_ Address Globe, ArizonaFiled 3/8, 1929 G. E. Wightman Registrar  
Registrar

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