

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 170  
Registered 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  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth 2-20-1929  
Month Day Year

**8. FATHER**  
Full name William James Walker  
9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

**14. MOTHER**  
Full maiden name Pauly Irene Penrod  
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.  
(State or country)

18. Birthplace (city or place) Pearl Utah  
(State or country)

13. Occupation Carpenter  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. 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. 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. E. Harper  
physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Globe, Arizona  
Month, day, year \_\_\_\_\_

Filed 3/8 1929 H. E. Wegelin  
Registrar Registrar

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