

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

State File No. 179
 Registered No. 51

1. PLACE OF BIRTH

County Globe 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 Edith May Agnew { 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 March 17, 1929
 Month Day Year

8. FATHER
 Full name George Newton Agnew
 9. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Edith May Leeming
 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 32 (Years)

16. Color or race white 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Wellsborough Pa.
 (State or country)

18. Birthplace (city or place) Kelly New Mexico
 (State or country)

19. Occupation machinist.
 Nature of Industry

19. Occupation Housewife.
 Nature of Industry

20. Number of children of this mother: (a) Born alive and now living 6
 (b) Born alive but now dead 0
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.) 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 8:15 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. C. Harper
Physician
 (Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona
 Month, day, year _____
 Filed 4/18, 1929 H. E. Wightman
 Registrar Registrar

516-317-537

N. B.—In case of more than one child at a birth, order of birth stated.