

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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. 169
Registered No. 70

1. PLACE OF BIRTH

County Pinal 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

Mabel Duclou { 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 Apr. 21, 1929
Month Day Year

8. FATHER
Full name Reverell W. Duclou

14. MOTHER
Full maiden name Olus Mae Griddle

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 26 (Years)

16. Color or race
White

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Denver, Colo.
(State or country)

18. Birthplace (city or place) Cornwall, England
(State or country)

13. Occupation
Nature of industry mail carrier

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 1
(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 8:30 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 _____ Address Globe, Arizona
a supplemental report _____

Month, day, year _____ Filled 5/8 1929 S. E. O'Leary Registrar

442-421-675