

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. 124
Registered No. 85

1. PLACE OF BIRTH
County Gila State Ariz
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Robert Elliott Mounce
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male } To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 6. Legitimate? yes } 7. Date of birth May 1, 1929
Month Day Year

8. FATHER
Full name Louis Mortimer Mounce
9. Residence (Usual place of abode) Copper Hill Ariz
If non-resident, give place and state.

14. MOTHER
Full maiden name Myrtle Ethel Sanders
15. Residence (Usual place of abode) Copper Hill Ariz
If non-resident, give place and state.

10. Color or race white
11. Age at last birthday 21 (Years)

16. Color or race white
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Copper Hill, Ariz
(State or country)

18. Birthplace (city or place) Douglas, Ariz
(State or country)

13. Occupation (Nature of industry) Carpenter

19. Occupation (Nature of industry) Housewife

20. Number of children of this mother 3
(Taken when child is certified including this child.) } (a) Born alive and now living 3 } 21. Were precautions taken against ophthalmia neonatorum? yes
(b) Born alive but now dead 0 }
(c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 8:10 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 evidence of life after birth.
Signature T. S. Harper
physician (Physician or Midwife)

Given name added from _____ Address Globe, Arizona
a supplemental report. Month, day, year

Filed 6/17 1929 T. S. Harper
Registrar Registrar
945-501-422