

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 125

Registered No. 55-

1. PLACE OF BIRTH

County Pima 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 Donald Eugene Hansen  
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 \_\_\_\_\_  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? Yes  
 7. Date of birth May 1, 1929  
 Month / Day / Year

8. FATHER  
 Full name Nels Theodore Hansen

14. MOTHER  
 Full maiden name Virginia Olivia Dennis

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 of race White  
 11. Age at last birthday 25 (Years)

16. Color of race White  
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Rutland Iowa  
 (State or country)

18. Birthplace (city or place) Grinnell Iowa  
 (State or country)

13. Occupation Truck driver  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 2  
(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 4:30 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. S. Harper  
physician  
 (Physician or Midwife)

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

Month, day, year \_\_\_\_\_  
 Filed 6/7 1929 H. E. Wylsham  
 Registrar Registrar

485-501-545

- 11 - 2 SEPARATE RE-1 OKN must be made for each order of birth stated.