

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. 110
Registered No. 106

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Devereaux St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Royal John Fulton { If child is not yet named, make supplemental report, as directed.

3. Sex of Child m. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes
5. No., in order of birth 1 7. Date of birth June 2 1929
Month Day Year

FATHER
8. Full name J.W. Fulton
9. Residence (Usual place of abode) Globe
If non-resident, give place and state.
10. Color or race W.
11. Age at last birthday 47 (Years)
12. Birthplace (city or place) Pa
(State or country)
13. Occupation Restaurant keeper
Nature of industry _____

MOTHER
14. Full maiden name Leone Katchner
15. Residence (Usual place of abode) Globe
If non-resident, give place and state.
16. Color or race W.
17. Age at last birthday 33 (Years)
18. Birthplace (city or place) Arizona
(State or country)
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____
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 9 a.m. on the date above stated
(Born alive or stillborn.)

Signature A. J. Kennedy
* 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.
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year _____
Registrar _____
Filed 10-7 29 H. E. Wyckham Registrar

965-602-329