

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 1211  
Registered No. 108

## 1. PLACE OF BIRTH

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

## 2. Full name of child

Gordon Pat. O'Neal

{ If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

5. No., in order of birth

## 6. Legitimate?

## 7. Date

of birth 6-5-29

Month Day Year

## 8.

## FATHER

Full name

Pat O'Neal

## 9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe Ariz

## 10. Color or race

White11. Age at last birthday 26 (Years)

## 12. Birthplace (city or place)

(State or country)

Tenn

## 13. Occupation

Nature of industry

Laborer

## 14.

## MOTHER

Full maiden name

Abelena Violet Williams

## 15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe Ariz

## 16. Color or race

White17. Age at last birthday 20 (Years)

## 18. Birthplace (city or place)

(State or country)

Globe Ariz

## 19. Occupation

Nature of industry

Housewife

## 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 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 alive at 12:20 P. m. on the date above stated  
(Born alive or stillborn)

Signature

C. W. AdamsPhysician

(Physician or midwife)

Address

Box 636 Globe, Ariz

Filed

7/10, 1929L. E. W. [Signature]

Registrar

Registrar

763-605-162

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH CHILD OF BIRTH INDICATED.

\* 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.

Given name added from a supplemental report

Month, day, year