

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. 160  
Registered No. 117

1. PLACE OF BIRTH

County Gila State Ariz.  
District or Township Globe 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 Careward (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 June 23, 1929  
Month Day Year

8. FATHER  
Full name Don Care Ward  
9. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Lucille Hazel Brown  
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 30 (Years)

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

12. Birthplace (city or place) Hallowell, Kansas  
(State or country)

13. Birthplace (city or place) Vandalia, Mo.  
(State or country)

13. Occupation Miner  
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 1  
(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 9:50 A. 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 I. C. Harper  
Physician Physician  
(Physician or midwife)

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

Registrar H. E. Waghorn Filed 7/10 1929  
H 64-623-325 Registrar