

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 161
 Registered No. 116

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Globe No. Gila County Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Shirley Inay Belcher (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes
 5. No., in order of birth 2 7. Date of birth June 23 1929
Month Day Year

8. FATHER
 Full name John J. Belcher
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Alice Stephens
 15. Residence (Usual place of abode) Globe
 If non-resident, give place and state.

10. Color or race W.
 11. Age at last birthday 27 (Years)

16. Color or race W.
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Colorado
 (State or country)

18. Birthplace (city or place) Goldfield, Nev.
 (State or country)

13. Occupation Patelman
 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 _____
 (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 1 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 Lawrence Hunter

 (Physician or midwife).

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

Registrar _____ Filled 7/10 1929 H. E. Wightman Registrar

229-623-122

SEPARATE RETURN must be made for each, and the number or order of birth stated.