

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

20522
 State File No. _____
 Registered No. 172

AGE OF BIRTH _____

by Globe State Arizona
 or Township _____ or Village _____
 No. Globe General Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If name of child Laurel Agnes Rose { If child is not yet named, make supplemental report, as directed.

of Child <u>fi</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>July 30-29</u>
		5. No., in order of birth. <u>5</u>		Month Day Year

FATHER

13. Name Sam Rose

14. Residence (Usual place of abode) Globe Ariz

If non-resident, give place and state. _____

15. Color or race W

16. Age at last birthday 38 (Years)

17. Birthplace (city or place) Tex

(State or country) _____

18. Occupation Rancher

Nature of industry Cattle

MOTHER

13. Full maiden name Agnes M Roberson

14. Residence (Usual place of abode) Globe

If non-resident, give place and state. _____

15. Color or race W

16. Age at last birthday 30 (Years)

17. Birthplace (city or place) Ariz

(State or country) _____

18. Occupation Housewife

Nature of industry _____

19. Number of children of this mother 5

20. Sex as of time of birth of child herein and including this child. (a) Born alive and now living 2 (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 July 30-29 at 11 o'clock am on the date above stated (Day, month and year or stillborn.)

Signature [Signature] (Physician or midwife).

When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.

Name added from supplemental report _____ Address _____
 Month, day, year _____

Filed 9/4 1929 L. E. Wightman Registrar

395 - 730 - 195