WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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. 143

Registered No. 143

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ____ 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 Baby McLeod (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 Aug. 1, 1929 (Month, Day, Year)

8. FATHER

Full name Harold Bruce McLeod

9. Residence (Usual place of abode) Globe, Arizona

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Marie Vandalia Richardson

15. Residence (Usual place of abode) Globe, Arizona

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Salt Lake City

(State or country) Utah

19. Occupation

Nature of industry Housewife

20. Number of children of this mother One

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living One

(b) Born alive but now dead None

(c) Stillborn One

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 Stillborn (Born alive or stillborn.) at 12:15 p.m. on the date above stated.

* 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 T. C. Harper

Physician (Physician or midwife).

Given name added from a supplemental report ____ Month, day, year

Address Globe, Arizona.

Filed 9/4, 1929 L. E. Wightman Registrar

Registrar

044-801-495