

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

State File No. 144
Registered No. 361

1. PLACE OF BIRTH

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

2. Full name of child Yvonne Marie Gagnier (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 August 1, 1929
Month Day Year

8. FATHER
Full name Arthur L. Gagnier

14. MOTHER
Full maiden name Helen Fraser

9. Residence (Usual place of abode) Milermie Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Milermie Arizona
If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 26 (Years)

16. Color or race White

17. Age at last birthday 26 (Years)

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

18. Birthplace (city or place) Roxbury Mass
(State or country)

13. Occupation Time Keeper
Nature of Industry Copper Co.

19. Occupation N. W.
Nature of Industry

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _____
(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 Alive at 8 P. 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 Charles J. Dwyer
(Physician or midwife)

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

Address Miami

Filed Aug 11, 1929 C. E. Dwyer
Registrar

879-801-869

A PERMANENT RECORD MUST BE MADE FOR EACH ORDER OF BIRTH STATE.