

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE
 IN ORDER OF BIRTH STATED.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146
 County Registrar No. 145
 Local Registrar No. _____

1. County of Gila
 District of Globe
 Town of Globe
 or Globe
 City of 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 Barbara Jean Mathews } 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 8-2-1929
 Month day year

3. FATHER
 Full name Alfred R. Mathews
 9. Residence (Usual place of abode) Globe, Ariz
 If nonresident, give place and state _____

14. MOTHER
 Full maiden name Rosa Mae Jorgensen
 15. Residence (Usual place of abode) Globe, Ariz
 If nonresident, give place and state Idaho

10. Color or race White
 11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) Garyson Co, Tex
 (State or country) _____

16. Color or race White
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Boise, Idaho
 (State or country) _____

13. Occupation
 Nature of industry Laborer

13. Occupation
 Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child here certified and including this child.)
 (a) Born alive and now living one
 (b) Born alive but now dead none
 (c) Stillborn none
 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 12:30 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 evidences of life after birth.
 Signature G. E. Wightman, M.D.
 Address Globe, Ariz
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year. _____
 Filed _____, 1929
 Registrar. _____
 Filed 9/4, 1929 G. E. Wightman, M.D.
 Local Registrar. _____
 County Registrar. _____

242-802-915