

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. 147
Registered No. 146

PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. 647 North Dorecaust Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wallace Lewellyn Smith (If child is not yet named, make supplemental report, as directed.)
3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth 1 7. Date of birth Aug 3 - 29
Month Day Year

8. FATHER
Full name Warren Smith
9. Residence (Usual place of abode) Phoenix Ariz
If non-resident, give place and state.
10. Color or race Negro
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Okla.
(State or country)
13. Occupation Laborer
Nature of Industry

14. MOTHER
Full maiden name Rena Lewis
15. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.
16. Color or race Negro
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Ariz
(State or country)
19. Occupation Housewife
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 1
(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 Born alive at 8 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 R. D. Kennedy
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe
Month, day, year _____
Registrar _____
Filed 9/4, 1929 G. E. Wajsborn Registrar

628-803-932