

* All cases of infant death 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. 174
 Registered No. 150

1. PLACE OF BIRTH

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

2. Full name of child Robert Alvah Hall, Jr.

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 11 - 1929
Month Day Year

8. FATHER
 Full name Robert Alvah Hall
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz
 10. Color or race White
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Violet
 (State or country) Tenn.
 13. Occupation
 Nature of Industry Assistant manager of store

14. MOTHER
 Full maiden name Martha Catherine King
 15. Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz
 16. Color or race White
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Monrison
 (State or country) Texas
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child.) } (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 Alive at 8:15 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 C. W. W. [unclear]

 (Physician or midwife)

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz

783-811-457 _____

 Registrar

Filed 9/4 1929 S. E. Wightman
 Registrar