

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. 183
Registered No. 152

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Midland City 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 Elizabeth Josephine Hughes
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 _____ 6. Legitimate? yes
7. Date of birth Aug. 13, 1929
Month Aug Day 13 Year 1929

8. FATHER
Full name John Thomas Hughes
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Jessie Josephine Hughes
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 27 (Years)

16. Color or race White
17. Age at last birthday 21 (Years)

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

18. Birthplace (city or place) Birmingham, Alabama
(State or country)

13. Occupation Auto Mechanic
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother three
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living three
(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 6:30 P m. on the date above stated
(Born alive or stillborn.)

Signature L. E. Wightman M.D.
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Globe, Ariz.
Filed 9/4, 1929 L. E. Wightman M.D.
Registrar

582-513-149