

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. 193
Registered No. 156

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. 200 Blake Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Allen Scott Priest
(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 16 - 29
Month Day Year

8. FATHER
Full name E A Priest

14. MOTHER
Full maiden name Clara D Kollar

9. Residence (Usual place of abode) 200 Blake St Globe
If non-resident, give place and state. Globe

15. Residence (Usual place of abode) 200 Blake St Globe
If non-resident, give place and state. Globe

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

16. Color or race W 17. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) Tex
(State or country)

13. Occupation Painter
Nature of industry

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 _____
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 9 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 R. D. Kennedy
(Physician or midwife).

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

173-816-329