

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. 204
Registered No. 157

1. PLACE OF BIRTH

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

2. Full name of child Wilma Ruth Russell (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. L 4. Twin, triplet or other L 6. Legitimate? yes 7. Date of birth Aug 19 1929
Month Day Year

8. FATHER
Full name William Foy Russell

14. MOTHER
Full maiden name Selma Cardwell

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

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 28 (Years)

16. Color or race white

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Archer County Texas
(State or country)

18. Birthplace (city or place) Madisonville Ky.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother one (Taken as of time of birth of child herein 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 2 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 T. C. Harper
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed 9/4 1929 S. S. Wightman Registrar

693-819-233