ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 205 V
Registered No.

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

2. Full name of child: Virginia Canfield
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: F
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: 8/19-1929 (Month Day Year)

8. FATHER
Full name: Frank Canfield
9. Residence (Usual place of abode): Globe
If non-resident, give place and state.
10. Color or race: 1/4 Apache Indian
11. Age at last birthday: 36 (Years)
12. Birthplace (city or place): Rice
(State or country): Arizona
13. Occupation: Laborer
Nature of industry:

14. MOTHER
Full maiden name: Susie Burdette
15. Residence (Usual place of abode): Globe
If non-resident, give place and state.
16. Color or race: 4/4 Apache Indian
17. Age at last birthday: 22 (Years)
18. Birthplace (city or place): San Carlos
(State or country): Arizona
19. Occupation: Housewife
Nature of industry:

20. Number of children of this mother: 2
(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: 1
(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 (Born alive or stillborn.) at 9:20 P.M. on the date above stated.

* 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: U. R. Combs (Physician or midwife).
Address: Rice, Arizona

Given name added from supplemental report
Month, day, year
Registrar

Filed 19
Registrar

554-819-225

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.