

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

State File No. 156
 Registered No. 172

1. PLACE OF BIRTH

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

2. Full name of child Baby Aston

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Sept. 15
 Month Day Year

8. FATHER
 Full name Tomax Aston
 9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 28 (Years)
 12. Birthplace (city or place) Wrightfield Ala.
 (State or country)
 13. Occupation Salesman
 Nature of Industry

14. MOTHER
 Full maiden name Marguerite Shields
 15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) Macomb Ill.
 (State or country)
 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 2
 (b) Born alive but now dead 0
 (c) Stillborn 2

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 stillborn at 11:45 PM 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 _____
 Registrar _____
 Filed 10/7 1929 H. E. Wightman Registrar

011-915-422

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.