

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

State File No. 115  
 Registered No. 182

**1. PLACE OF BIRTH**

County Gila State Ariz  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child William Robert Cage { 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 \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Oct. 3, 1929  
 Month Day Year

**FATHER**  
 8. Full name William D. Cage  
 9. Residence (Usual place of abode) Globe Ariz  
 If non-resident, give place and state.

**MOTHER**  
 14. Full maiden name Myrtle Scott  
 15. Residence (Usual place of abode) Globe Ariz  
 If non-resident, give place and state.

10. Color or race white  
 11. Age at last birthday 43 (Years)

16. Color or race white  
 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) Hiawatha  
 (State or country) Kansas

18. Birthplace (city or place) Arnora  
 (State or country) Mo.

13. Occupation miner  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (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 10:00 P. on the date above stated.  
 (Born alive or stillborn.)  
 Signature J. C. Harper  
 \_\_\_\_\_ (Physician or midwife)  
 Address Globe, Arizona  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filled 11/9 by L. E. Wightman Registrar

Registrar  
635-1003-423