

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125

Registered No. 157

PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village _____
City Globe No. 616 Hayden St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Harold Floyd Thomas { If child is not yet named, make supplemental report, as directed.

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 Oct. 8, 1929
Month Day Year

FATHER
Full name William H. Thomas

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

8. Color or race White 11. Age at last birthday 35 (Years)

2. Birthplace (city or place) England
(State or country)

3. Occupation Radio Engineer
Nature of industry

9. Number of children of this mother Two
Taken as of time of birth of child herein certified and including this child.

MOTHER
Full maiden name Hazel Pote

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

16 Color or race White 17. Age at last birthday 36 (Years)

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

19. Occupation House wife
Nature of industry

20. Were precautions taken against ophthalmia neonatorum? yes
(a) Born alive and now living Two
(b) Born alive but now dead None
(c) Stillborn None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:45 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 G. E. Wightman M.D.

Address Globe Ariz

Month, day, year _____
Registrar G. E. Wightman M.D. Registrar

832-1008-875