

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

State File No. 127
 Registered No. 181

1. PLACE OF BIRTH

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

2. Full name of child Loren Dale Fair (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: To be answered ONLY in event of plural births. male 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Oct. 10, 1929
 5. No., in order of birth _____ Month Day Year

8. FATHER
 Full name Ernest Raymond Fair

14. MOTHER
 Full maiden name Lou Maddie Wautlaug

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

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 29 (Years)

16. Color or race white

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Smith Co. Kansas
 (State or country)

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

13. Occupation Smelter man
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 3
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 0
 (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 born alive at 11:50 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 11/9 1929 L.E. Wightman Registrar

369-1010-364