

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

State File No. 192  
 Registered No. 192

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Globe or Village \_\_\_\_\_  
 City Globe No. 385. W Mesquite St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Florine Merrifield (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Oct 28 1929  
 Month Day Year

8. FATHER Full name Cyril Luke Merrifield

9. Residence (Usual place of abode) 385. W Mesquite, Globe, Ariz.  
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Chicago, Ill.  
 (State or country)

13. Occupation Truck Driver  
 Nature of industry

14. MOTHER Full maiden name Florine Willis

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 23 (Years)

18. Birthplace (city or place) Globe, Ariz.  
 (State or country)

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother two (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living two  
 (b) Born alive but now dead none  
 (c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? Yes

I hereby certify that I attended the birth of this child, who was born alive at 11 10 PM on the date above stated  
(Born alive or stillborn.)

Signature S. E. Wightman (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Ariz.

Filed Nov 9 1929 S. E. Wightman Registrar

544-1026-662