

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

State File No. \_\_\_\_\_  
Registered No. 2-20

1. PLACE OF BIRTH

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

2. Full name of child Ronald Edward Archer  
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. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov. 17, 1929  
Month Day Year

8. FATHER  
Full name Edward Dale Archer

14. MOTHER  
Full maiden name Katharine D. [unclear]

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 26 (Years)

16. Color or race white

17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Gillett Ark.  
(State or country)

18. Birthplace (city or place) Owensboro Ken.  
(State or country)

13. Occupation mechanic  
Nature of industry

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 0

21. Were precautions taken against of thalimia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:40 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. S. Harper  
Physician  
(Physician or Midwife).

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

Filed 12/7 1929 S. E. Wightman  
Registrar Registrar

419-117-372