

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

159  
 State File No. \_\_\_\_\_  
 Registered No. 207

**1. PLACE OF BIRTH**

County Pima State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globet No. 705 Lawrence St Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mrs Belle Hall 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 Nov 18 1929  
Month Day Year

8. FATHER  
 Full name Wayne Hall

14. MOTHER  
 Full maiden name Frankie Hodges

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

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

11. Age at last birthday 31 (Years)  
 Color or race White

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

12. Birthplace (city or place) Richardson Texas  
 (State or country)

18. Birthplace (city or place) Childers Texas  
 (State or country)

13. Occupation  
 Nature of industry Insurance Agt

10. Occupation  
 Nature of industry Housewife

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 2  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 \_\_\_\_\_ 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 Walter Grayson  
Marietta Grayson  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_  
 Filed 2-6 1929 S. E. Dighlman  
 Registrar

582 - 1118 - 682