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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 222

1. PLACE OF BIRTH

County Gila 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 James Hardy Stockman (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. 22, 1929 (Month Day Year)

FATHER	MOTHER
8. Full name Wm. Hardy Stockman	14. Full maiden name Dorothy Hinds
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	16. Color or race White
11. Age at last birthday 31 (Years)	17. Age at last birthday 25 (Years)
12. Birthplace (city or place) Cloudcroft New Mex (State or country)	18. Birthplace (city or place) Medina Texas (State or country)
13. Occupation Farmer Nature of industry	19. Occupation Housewife Nature of industry

20. Number of children of this mother 4 (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 1
(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 (Born alive or stillborn.) at 1025 P. m. on the date above stated.

* 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).

Address Globe Ariz.

Given name added from a supplemental report _____ Month, day, year

Filed 12/7, 1929 G. E. Wrightman Mrs. Registrar

_____ Registrar

125-1122-462