

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

State File No. 124  
Registered No. 224

**1. PLACE OF BIRTH**

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

Full name of child Virginia Mae Albertol { If child is not yet named, make supplemental report, as directed.

Sex of Child <u>F</u>	To be answered ONLY in. event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Dec 3, 1939</u> Month Day Year
		5. No., in order of birth <u>3</u>		

**FATHER**

11. Name Edwin Albertol

12. Residence (Usual place of abode) Globe

13. If non-resident, give place and state. \_\_\_\_\_

10. Color or race W.

11. Age at last birthday 45 (Years)

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

13. Occupation Merchant  
Nature of industry \_\_\_\_\_

**MOTHER**

14. Full maiden name Jennie Devore

15. Residence (Usual place of abode) Globe

16. If non-resident, give place and state. \_\_\_\_\_

16. Color or race W.

17. Age at last birthday 43 (Years)

18. Birthplace (city or place) Arizona  
(State or country)

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 \_\_\_\_\_  
(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 9 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 A. Kennedy (Physician or midwife)

Given name added from \_\_\_\_\_ Address Globe Ariz  
supplemental report. \_\_\_\_\_ Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_ Filed 117 1939 H. E. W. [Signature] Registrar

518-1000-145