

each, and the number of each, and the number of children born in order of birth stated.

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

State File No. _____
Registered No. 229

1. PLACE OF BIRTH

County Eslea 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 Joan Lavar Klein {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. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Dec. 8, 1929
Month Day Year

8. FATHER
Full name Barney James Klein

14. MOTHER
Full maiden name Mary Narcissa Underwood

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 23 (Years)

16. Color or race white 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Melrose Ariz.
(State or country)

18. Birthplace (city or place) Payson Utah
(State or country)

13. Occupation miner
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 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 3:15 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. C. Harper
Physician (Physician or midwife)

Given name added from a supplemental report. _____ Address Globe, Arizona

Month, day, year _____ Filed 1/7 1930 L. E. Wightman, Jr. Registrar

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