

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

137
 State File No. _____
 Registered No. 225

1. PLACE OF BIRTH

County Gila State Arizona
 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)

2. Full name of child Margaret Anne Stevens { If child is not yet named, make supplemental report, as directed.

3. Sex of Child f. To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 5. No., in order of birth 3
 6. Legitimate? Yes. 7. Date of birth Dec. 9 - 1929
Month Day Year

8. FATHER
 Full name Victor Stevens

14. MOTHER
 Full maiden name Caroline Esthell

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

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

10. Color or race W.
 11. Age at last birthday 30 (Years)

16. Color or race W.
 17. Age at last birthday 27 (Years)

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

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

13. Occupation Engineer
 Nature of industry

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 2:15 a. 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 R. D. Kennedy

 (Physician or midwife).

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

Address _____
 Filed 1/7 1930 S. E. Wigham
 Registrar

422-1207-333