

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

State File No. _____
Registered No. 277

193

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Loyd Ashlin { 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 12-31-'29
Month Day Year

8. FATHER
Full name Robt James Ashlin

14. MOTHER
Full maiden name Helena Agnes White

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 29 (Years)

16. Color or race White

17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Stilwellwater Arkansas
(State or country)

18. Birthplace (city or place) Lt. Scott Kansas
(State or country)

13. Occupation
Nature of industry Coak

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 alive at 10:30 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 C. W. Adams
Physician
(Physician or Midwife.)

Given name added from a supplemental report _____ Address Box 636 Globe Ariz

Filed 1/7 1930 Dr. E. L. Adams Registrar

415-1231-365

Order of birth stated.