

2076

CERTIFICATE OF BIRTH  
Department of Commerce  
Bureau of the Census

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 55  
Registrar's No. 65

1. PLACE OF BIRTH:  
 (a) County Gila (b) City or Town Globe (c) Location Gila County Hospital  
 (If outside city limits also write RURAL) (St. and No. (or) Name of institution)  
 (d) Length of Mother's Stay Prior to Delivery: In Hospital or Institution 5 hours In this Community 19 yrs. mos. days  
 In Arizona 19 yrs. mos. days

2. USUAL RESIDENCE of Mother:  
 (a) State Arizona (b) County Gila (c) City or Town San Carlos (d) Street No. \_\_\_\_\_  
 (If outside city limits also write RURAL)

3. FULL NAME of Child Baby Randall 4. DATE OF BIRTH 3-13-48  
 (If child not named leave space for given name)

5. Sex Male 6. Twin or triplet—If so, born 1st, 2nd or 3rd \_\_\_\_\_ 7. Number of months of pregnancy 8 mos.

FATHER OF CHILD

8. Full name James Randall  
 9. Race: White  Indian  Negro  Oriental   
 10. Age at time of this birth 30 years  
 11. Birthplace San Carlos, Ariz.  
 (City, town, or county) (State or foreign country)  
 12. Occupation Student  
 (Trade, profession or kind of work)  
 13. Industry or business \_\_\_\_\_  
 (General nature and name of)  
 14. Residence San Carlos, Ariz.

21. Children born to this mother, including this child 2  
 (a) How many other children of this mother are now living? 0  
 (b) How many other children were born alive but are dead? 0  
 (c) How many children were born dead? 1

MOTHER OF CHILD

15. Full maiden name Gladys Polk  
 16. Race: White  Indian  Negro  Oriental   
 17. Age at time of this birth 19 years  
 18. Birthplace San Carlos, Ariz.  
 (City, town, or county) (State or foreign country)  
 19. Occupation Housewife  
 (Trade, profession or kind of work)  
 20. Industry or business \_\_\_\_\_  
 (General nature and name of)

22. Mother's mailing address for registration notice:  
Rox 18, San Carlos, Ariz.

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 10:30 P.M. on the date above stated and that the information given was furnished by Gladys Randall  
 related to this child as Mother  
 Attendant's signature Robert B. Leonard  
 M. D., midwife, or other M.D. Date signed 3-16-48  
 Address Globe, Ariz.

24. Date received by local registrar Mar ch 18-48  
 25. Registrar's signature Gene Warrick

SUPPLEMENTARY DATA BELOW ARE NOT A PART OF THE LEGAL CERTIFICATE

26. (a) Pregnancy, Complications of: Syphilis - death in utero  
with stillbirth  
 (b) Labor, Complications of: none  
 (c) Was there an operation for delivery? no (yes or no)  
 State all operations \_\_\_\_\_  
 (d) Did baby have any: (1) Congenital malformation? yes  
 Describe: syphilitic stillbirth  
 (2) Birth Injury? no Describe: \_\_\_\_\_  
 (e) Was a prophylactic drug used in the baby's eyes? no  
 (f) Did mother have a serological test for syphilis? yes (positive)