

N. B.—In case of a stillbirth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of _____
 or Globe
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
 County Registrar No. _____
 Local Registrar No. 3
 St. _____ Ward _____

2. Full name of child Alice Jean Ryan
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 } 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 _____ }
 6. Legitimate? yes }
 7. Date of birth Jan 11 - 1927
 Month day year

8. FATHER
 Full name Will A. Ryan
 9. Residence 310 So 2nd St
(Usual place of abode)
 If nonresident, give place and state Globe Ariz.
 10. Color or race White
 11. Age at last birthday 40 (Years)
 12. Birthplace (city or place) Globe
(State or country) Ariz
 13. Occupation Cattleman
Nature of industry Rancher

14. MOTHER
 Full maiden name Edith Watkins
 15. Residence 310 So 2nd St
(Usual place of abode) Globe Ariz.
 If nonresident, give place and state _____
 16. Color or race White
 17. Age at last birthday 34 (Years)
 18. Birthplace (city or place) Silverton
(State or country) Tex.
 19. Occupation Housewife
Nature of industry

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against septicaemia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7:45 at _____ 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 evidences of life after birth.
 Signature W. W. Horst, M.D.
(Physician or midwife)
 Address Globe

Given name added from a supplemental report _____
 Month, day, year. Filed 1-31, 1927 W. W. Horst
 Local Registrar.

 County Registrar.

195-111-562