ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 656

Registered No. 6

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Globe No. County Hospital St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jessie Henry Snyder

{ 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: 2

5. No., in order of birth:

6. Legitimate? yes

7. Date of birth: Jan. 13, 1927 (Month Day Year)

8. FATHER

Full name Joe M. Snyder

9. Residence (Usual place of abode) Globe, Arizona

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 21 (Years)

12. Birthplace (city or place) Texas

(State or country)

13. Occupation: Miner

Nature of industry

14. MOTHER

Full maiden name Mary Gertrude Phillips

15 Residence (Usual place of abode) Globe, Arizona

If non-resident, give place and state.

16 Color or race: White

17. Age at last birthday: 20 (Years)

18. Birthplace (city or place) Roswell, New Mexico

(State or country)

19. Occupation: Housewife

Nature of industry

20. Number of children of this mother: Three

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: One

(b) Born alive but now dead: Two

(c) Stillborn: none

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 (Born alive or stillborn.) at 4:10 p.m. on the date above stated

* 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, M. D.

physician (Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address Globe, Arizona.

Registrar

Filed 1-31, 1927 W. S. Horst

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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