

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Globe

District of _____

Town of _____

or Globe

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 123

County Registrar No. _____

Local Registrar No. 232. Full name of child Bernice GouldNo. Demcan Edition St. _____ Ward _____
(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 FTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other. _____

6. Legitimate? yes7. Date
of birth Feb 7-1927

Month day year

5. No. in order of birth. _____

8. FATHER

Full name Burwell Christopher Gould9. Residence
(Usual place of abode) Globe

If nonresident, give place and state

10. Color or race W11. Age at last birthday 37 (Years)12. Birthplace (city or place) Demcan(State or country) Ariz.13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Mattie Catherine McKelvey15. Residence
(Usual place of abode) Globe

If nonresident, give place and state

16. Color or race W17. Age at last birthday 32 (Years)18. Birthplace (city or place) Midland(State or country) Tex.19. Occupation Housewife

Nature of industry

20. Number of children of this mother

(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 0

(c) Stillborn _____

21. Were precautions taken against oph-
thalmia neonatorum? yesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 05I hereby certify that I attended the birth of this child, who was _____ at 5 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
evidences of life after birth.Signature M. N. Horst

(Physician or midwife)

Address GlobeGiven name added from
a supplemental report _____Filed 2-28-27M. N. Horst

Local Registrar.

Month, day, year.

Filed _____ 19____

County Registrar.

Registrar.

274-207-448