

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 158

County Registrar No. _____

Local Registrar No. 27No. 735 So. Broad St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Steve Junior Halby } If child is not yet named, make
supplemental report, as directed.3. Sex of Child Male } To be answered ONLY } Twin, triplet or other _____ 6. Legitimate? Yes
in event of plural } births. } 5. No., in order of birth _____ 7. Date of birth 2 18 27
Month day year8. FATHER Full name Steve Halby 14. MOTHER Full maiden name Josie Moses9. Residence (Usual place of abode) 735 So. Broad 15. Residence (Usual place of abode) 735 So. Broad
If nonresident, give place and state If nonresident, give place and state10. Color or race White-Serian 16. Color or race White-Serian
11. Age at last birthday 45 (Years) 17. Age at last birthday 39 (Years)12. Birthplace (city or place) Los Angeles, Cal. 18. Birthplace (city or place) El Paso, Texas
(State or country) (State or country)13. Occupation Merchant 19. Occupation Boss - Housewife
Nature of industry Nature of industry20. Number of children of this mother } (a) Born alive and now living 10 21. Were precautions taken against oph-
(Taken as of time of birth of child herein } (b) Born alive but now dead _____ thalmla neonatorum?
certified and including this child.) } (c) Stillborn _____ Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:25 P. m. on the date above stated.
(Born alive or stillborn.)*When there was no attending physician or } Signature H. E. Wighlin
midwife, then the father, householder, etc. } (Physician or midwife)
should make this return. A stillborn child }
is one that neither breathes nor shows other }
evidences of life after birth. }
Given name added from _____ Address _____
a supplemental report _____

Month, day, year.

Filed 2/28 1927 M. St. Horst
Local Registrar.Filed _____ 19____
County Registrar.

Registrar.

288 - 218 - 142