# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 157

Registered No. 72

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Globe No. ..... St. ..... Ward

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

2. Full name of child James Robert Cox { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth March 17, 1927 (Month Day Year)

8. FATHER

Full name William James Cox

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 30 (Years)

12. Birthplace (city or place) Sonora, Texas

(State or country)

13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Katherine Elizabeth Longer

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 18 (Years)

18. Birthplace (city or place) Kansas

(State or country)

19. Occupation Housewife

Nature of industry

20. Number of children of this mother Two

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

(a) Born alive and now living Two

(b) Born alive but now dead none

(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 at 6:15 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 evidence of life after birth.

Signature T. C. Harper

physician (Physician or midwife).

Address Globe, Arizona

Given name added from a supplemental report ..... Month, day, year

Filed 3-31, 1927 W. W. Horst

Registrar

Registrar

137-317-239

...ITE PLAINLY WITH UNFAILING INK ... IS PERMAN... RECORD. ...B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of ... order of birth stated.