

## PLACE OF BIRTH

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

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. B36  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 91

2. Full name of child Jeanne Margaret Armstrong No. \_\_\_\_\_ 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 Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth. \_\_\_\_\_ 7. Date of birth 4-6-27  
 Month Day Year

8. FATHER  
 Full name Arthur Bryan Armstrong  
 9. Residence (Usual place of abode) Globe, Arizona  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Margaret Jageman  
 15. Residence (Usual place of abode) Globe, Arizona  
 If non-resident, give place and state.

10. Color or race white  
 11. Age at last birthday 27 (Years)

16. Color or race white  
 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) San Francisco, Calif.  
 (State or country)

18. Birthplace (city or place) St. Ann, Ill.  
 (State or country)

13. Occupation  
 Nature of industry Book-keeper

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 1  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0  
 certified and including this child.) } (c) Stillborn 0

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 12:10 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 A. W. Adams Physician or midwife.

Address Globe, Arizona

Given name added from a supplemental report. Filed 4-30-27 S. J. Vont Local Registrar.  
 Month, day, year

Registralr. Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

117-406-415

order of birth stated.