

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. 190
 County Registrar No. _____
 Local Registrar No. 94

2. Full name of child Jack Dee Smith
 No. Gila County Hospital 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 male 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 4-27-27
 Month Day Year

8. FATHER
 Full name Mark Smith Jr

9. Residence (Usual place of abode)
 If non-resident, give place and state Miami, Arizona

10. Color or race White
 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Treadwell, Alaska
 (State or country)

13. Occupation
 Nature of industry Electrician

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 1
 (b) Born alive but now dead 0
 (c) Stillborn 0

14. MOTHER
 Full maiden name Myrl Margaret Kieren

15. Residence (Usual place of abode)
 If non-resident, give place and state. Miami Arizona

16. Color or race White
 17. Age at last birthday 18 (Years)

18. Birthplace (city or place)
 (State or country) Shullsburg, Wisc -

19. Occupation
 Nature of industry House wife

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 1:00 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 [Signature] (Physician or midwife)
 Address Globe, Arizona

Given name added from a supplemental report. Filled 4-30, 1927 St. St. Herit
 Month, day, year Local Registrar.

Registrar _____ Filled _____, 19____ County Registrar.

128-427-425