

## 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. 196  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 95

2. Full name of child Muriel McWade  
 No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 { 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. \_\_\_\_\_  
 5. No., in order of birth. \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth 4 30 27  
 Month Day Year

8. FATHER  
 Full name William Patrick McWade

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

10. Color or race White  
 11. Age at last birthday 47 (Years)

12. Birthplace (city or place)  
 (State or country) New York, N.Y.

13. Occupation  
 Nature of Industry Service Station Operator

14. MOTHER  
 Full maiden name Hazel Dolcie Geleke

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

16. Color or race White  
 17. Age at last birthday 40 (Years)

18. Birthplace (city or place)  
 (State or country) Springfield Ill

19. Occupation  
 Nature of industry Housewife

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  
 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 7:10 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 C. W. Adams  
 Address Globe, Arizona  
 (Physician or midwife.)

Given name added from a supplemental report. Filed 4-30 1927 J. J. Horst  
 Month, day, year Local Registrar.

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

445-430-875