

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129
 County Registrar No. _____
 Local Registrar No. 117

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.)

2. Full name of child Freda May Bernard

3. Sex of Child Female
 To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth 5-2-27
 Month Day Year

5. No., in order of birth _____

8. FATHER
 Full name William Edwin Bernard

14. MOTHER
 Full maiden name Olive Mary Markin

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

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

10. Color or race White
 11. Age at last birthday 40 (Years)

16. Color or race White
 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Kansas City, Mo.
 (State or country)

18. Birthplace (city or place)
 (State or country) Eaton, Colorado

13. Occupation
 Nature of industry laborer

19. Occupation
 Nature of industry House wife

20. Number of children of this mother 6
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 3
 (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 11:15 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 C. W. Adams (Physician or midwife)

Address Box 636, Globe, Arizona

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

Filed _____, 19____

Local Registrar.

Filed 5-31-27, 19____

County Registrar.

Registrar

624-502-645

MAIN RESERV. FOR B.L.D.G. BOARD
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.