

WRITE PLAIN INK—THIS IS A PERMANENT RECORD

N. B.—In case of multiple births, a separate return must be made for each, and the number of each. In order of birth stated.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144
County Registrar No. _____
Local Registrar No. 109

2. Full name of child Andrew Ed Elmer
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child male 4. Twin, triplet or other no 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth May 6, 1927
Month day year

8. FATHER
Full name William Elmer
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

14. MOTHER
Full maiden name Ora Dodge
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

10. Color or race white
11. Age at last birthday 24 (Years)

16. Color or race white
17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Jeromino, Arizona
(State or country)

18. Birthplace (city or place) Pima, Arizona
(State or country)

13. Occupation miner
Nature of industry

19. Occupation Housewife
Nature of industry

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 one
(b) Born alive but now dead none
(c) Stillborn none

21. Were precautions taken against epithemia 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 evidences of life after birth.

Signature T. C. Harper, M.D.
Address Globe, Arizona

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

Registrar.

Filed _____ 19 _____
Local Registrar. J. W. Forst
County Registrar.

159-506-645