

N. B.—in case of more than one child at a birth, a SEPARATE one must be made for each, and the kindred of each in order of birth stated.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
 County Registrar No. _____
 Local Registrar No. 122

2. Full name of child Thomas Maxlin Meier (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 6-3-27
 Month Day Year

8. FATHER
 Full name Albert Meier

14. MOTHER
 Full maiden name Emma Bertha Arndt

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 27 (Years)

16. Color or race white
 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Nebraska
 (State or country)

18. Birthplace (city or place) Jamesville Minnesota
 (State or country)

13. Occupation
 Nature of industry Missionary

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 10:00 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 C. W. Adams (Physician or midwife)

Address Box 636, Globe, Arizona

Given name added from a supplemental report Filed 6-30, 1927 M. N. Horst Local Registrar.

Month, day, year
349-603-513
 Registrar

Filed _____, 19____ County Registrar.