

Supplement Attached

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or Globe

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 137

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 130

No. Gila County Hospital St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Marie Stewart If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth June 5, 1927

Female

5. No., in order of birth _____

yes

Month June day 5 year 1927

8. FATHER

14. MOTHER

Full name Howard Monroe Stewart

Full maiden name Lucy Anne Davoll

9. Residence

(Usual place of abode)

Globe, Arizona

If nonresident, give place and state

15. Residence

(Usual place of abode)

Globe, Arizona

If nonresident, give place and state

10. Color or race

white

11. Age at last birthday 31 (Years)

16. Color or race

white

17. Age at last birthday 34 (Years)

12. Birthplace (city or place)

Greene South Dakota

(State or country)

18. Birthplace (city or place)

Hawarden Iowa

(State or country)

13. Occupation

Nature of industry

Mining Engineer

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

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

(Taken as of time of birth of child herein certified and including this child.)

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 11:30 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

J. C. Harper, M.D.
(Physician or midwife)

Address

Globe, Arizona
N. 1st Street

Given name added from supplemental report

Filed 6-30

1927

Local Registrar.

Month, day, year. 8-23-1925-343

Filed _____

19 _____

County Registrar.

Registrar.

N. B.—In case of more than one child at a birth, give name of each child in order of birth stated.