

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 146  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 143

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 Robert Charles Jaeger { 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 7-6-27  
Month Day Year

8. FATHER  
Full name Aloysius Charles Jaeger  
9. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state. Globe, Arizona  
10. Color or race white  
11. Age at last birthday 25 (Years)  
12. Birthplace (city or place) Missouri  
(State or country)  
13. Occupation  
Nature of industry Oilier of Pumps

14. MOTHER  
Full maiden name Thelma Anna Prah  
15. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state. Globe, Arizona  
16. Color or race white  
17. Age at last birthday 24 (Years)  
18. Birthplace (city or place) Yakima Washington  
(State or country)  
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 \_\_\_\_\_ 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 2:55 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 9-19-27 Filed 7-31-27 J. J. Horst Local Registrar.  
Registrar 919-706-373 Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

order of birth stated.