

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144
 County Registrar No. _____
 Local Registrar No. 180

No. Gila County Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Infant McClellan { If child is not yet named, make supplemental report, as directed.

Sex of Child _____ To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth 8-11-27
 Month Day Year

FATHER
 Full name Chas McClellan
 Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz.
 1. Color or race white
 11. Age at last birthday 40 (Years)
 Birthplace (city or place) Oakland, Calif.
 (State or country)
 Occupation Miner
 Nature of Industry _____

MOTHER
 Full maiden name Carrie Menke
 15 Residence (Usual place of abode) Globe
 If non-resident, give place and state. Ariz.
 16 Color or race Mexican
 17. Age at last birthday 32 (Years)
 18. Birthplace (city or place) Bland, New Mexico
 (State or country)
 19. Occupation House wife
 Nature of Industry _____

Number of children of this mother 3
 Taken as of time of birth of child herein (ified and including this child.) (a) Born alive and now living 2
 (b) Born alive but now dead 7
 (c) Stillborn 1
 21. Were precautions taken against ophthalmia neonatorum? 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 8:50 P. m. on the date above stated
 (Born live 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 supplemental report. Filed 8-31-27 19. W. J. Horn Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

045-811-345