

PLACE OF BIRTH NAME ADDED BY SUPPLEMENT 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. 200
 County Registrar No. 182
 Local Registrar No. 182

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

1. Full name of child Donyella Belmont { If child is not yet-named, make supplemental report, as directed.

2. Sex of Child female To be answered ONLY in event of plural births. 3. Twin, triplet or other. 4. Legitimate? yes 5. No., in order of birth. 6. Date of birth 8 30 27 Month Day Year

FATHER
 Full name Louis Belmont
 1. Residence (Usual place of abode) Globe, Ariz
 If non-resident, give place and state.
 2. Color or race white
 11. Age at last birthday 27 (Years)
 3. Birthplace (city or place) Pueblo, Colo
 (State or country)
 3. Occupation laborer
 Nature of industry

MOTHER
 Full maiden name Mary Ellen Hargrett
 14. Residence (Usual place of abode) Globe, Ariz
 If non-resident, give place and state.
 15. Color or race white
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Calera N. Mex
 (State or country)
 19. Occupation House wife
 Nature of industry

4. Number of children of this mother 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 hereby certify that I attended the birth of this child, who was born alive at 9:55 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 [Signature] (Physician or midwife)
 Address Box 636, Globe Ariz

Given name added from supplemental report. Month, day, year 8-31-27 Filed W. W. Belmont Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

423-830-483