

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 118
 Registered No. 195

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Globe or Village _____
 City Globe No. 46 Logan St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Odessa Jane Combs (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 Sept 3 1927
 Month Day Year

8. FATHER Full name Carl Richard Combs

9. Residence (Usual place of abode) Globe
 If non-resident, give place and state _____

10. Color or race White 11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Central Ariz
 (State or country)

13. Occupation Miner
 Nature of industry

14. MOTHER Full maiden name Miss Pauline

15. Residence (Usual place of abode) Globe
 If non-resident, give place and state _____

16. Color or race White 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Statcher Ariz
 (State or country)

19. Occupation Miner
 Nature of industry

20. Number of children of this mother one (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living one (b) Born alive but now dead _____ (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 5 1/2 p. m. on the date above stated

* 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 J. B. Madison Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Globe Arizona

Month, day, year _____ Filed Sept 30 1927 W. A. Hunt Registrar

632-903-445