

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of Globe

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138

County Registrar No. 188

Local Registrar No. _____

No. 544 W. Sutherland St. _____ Ward _____

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

2. Full name of child Connie May (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child f. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1 6. Legitimate? Yes 7. Date of birth Sept. 11 1927 Month Day Year

8. FATHER Full name R. N. Anderson

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

10. Color or race W. 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Austin (State or country)

13. Occupation laborer Nature of industry

14. MOTHER Full maiden name Winifred Lynton

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

16. Color or race W. 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Texas (State or country)

19. Occupation Housewife Nature of industry

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 _____ (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 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 R. D. Kennedy (Physician or midwife).

Address Globe

Given name added from a supplemental report _____ Filed Sept 30 1927 W. M. Hony Local Registrar.

Month, day, year _____ Registrar _____ Filed _____ 19 _____ County Registrar.

315-911-675