

At a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

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. 103

County Registrar No. _____

Local Registrar No. 231

No. E. Pedal

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

2. Full name of child Donald Ray Stewart } If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. Legitimate? Yes

7. Date of birth Oct. 31. 1927
Month day year

m.

6. No., in order of birth. 2

8. FATHER
Full name M. P. Stewart

9. Residence Reynolds Creek
(Usual place of abode) Ranger station
If nonresident, give place and state

10. Color or race w.
11. Age at last birthday 35 (Years)

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

13. Occupation Forest Ranger
Nature of industry

14. MOTHER
Full maiden name May Smith

15. Residence Reynolds Creek
(Usual place of abode) Ranger sta.
If nonresident, give place and state

16. Color or race w.
17. Age at last birthday 32 (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 2
(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 9 a.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 evidences of life after birth.

Signature [Signature] Physician or midwife

Address Globe, Ariz.

Given name added from a supplemental report _____
Month, day, year. Filed 11-30 1927 W. H. Hunt Local Registrar.

Registrar. _____ Filed _____ 19 _____ County Registrar.

423-1003-426