

N. B.—In case of more than one child 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 Globe
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 104
 County Registrar No. _____
 Local Registrar No. 234

2. Full name of child Ethel Jane Benbow
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
) 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 Nov. 2, 1927
 Month day year

8. FATHER
 Full name Alfonzo Benbow

14. MOTHER
 Full maiden name Florence Knox

9. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state

10. Color or race white

11. Age at last birthday 30 (Years)

16. Color or race white

17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Cornwall, England
 (State or country)

18. Birthplace (city or place) Hanover, New Mexico
 (State or country)

13. Occupation Electrician
 Nature of industry

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 3
 (b) Born alive but now dead 0
 (c) Stillborn 0

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 9:55 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 evidences of life after birth.
 Signature T. C. Hayer (Physician or midwife)
 Address Globe, Ariz.
 Given name added from a supplemental report _____
 Month, day, year. _____ Filed 11-30-27 J. W. Mont Local Registrar.

Registrar.

Filed _____ 19 _____

County Registrar.

526-1102-627