ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165

County Registrar No.

Local Registrar No. 241

PLACE OF BIRTH

1. County of Gila

District of Globe

Town of Globe

or

City of Globe

No. Gila County Hospital St. Ward

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

2. Full name of child Sara Louise Schwartz (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 11-27-27 (Month Day Year)

8. FATHER

Full name Ralph Davidson Schwartz

9. Residence (Usual place of abode)

If non-resident, give place and state. Globe, Ariz

10. Color or race: White

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Charleston Ill.

(State or country)

13. Occupation

Nature of industry Int. Revenue Insp.

14. MOTHER

Full maiden name Adair Gordon

15 Residence (Usual place of abode)

If non-resident, give place and state Globe, Ariz

16 Color or race: White

17. Age at last birthday 35 (Years)

18. Birthplace (city or place)

(State or country) Carlsbad, New Mex

19. Occupation

Nature of industry Housewife

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 1

(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 (Born alive or stillborn.) at 1:00 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 [signature] (Physician or midwife).

Address Box 636, Globe, Ariz.

Given name added from a supplemental report (Month, day, year)

Filed 11-30, 1927 W. W. Horst Local Registrar.

Registrar

Filed, 19

County Registrar.

222-1127-175

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of ... order of birth stated.