

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 169

County Registrar No. _____

Local Registrar No. 2392. Full name of child Charles Joseph Patricia Louise Clemens
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
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 _____

6. Legitimate?

yes7. Date
of birthNov - 26 - 1927
Month day year

5. No. in order of birth _____

3.

FATHER

Full name

Charles Joseph Clemens

9. Residence

(Usual place of abode)

If nonresident, give place and state

Globe

10. Color or race

White11. Age at last birthday 40 (Years)

12. Birthplace (city or place)

Pueblo

(State or country)

Col.

13. Occupation

Nature of industry

Railway Expressman

14.

MOTHER

Full maiden name

Susan Koley

15. Residence

(Usual place of abode)

If nonresident, give place and state

Globe

16. Color or race

White17. Age at last birthday 37 (Years)

18. Birthplace (city or place)

Aurora

(State or country)

Ill.

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 4(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn:)

at 3 A.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
evidences of life after birth.

Signature

Address

GlobeW. W. Hoyt M.D.
(Physician or midwife)Given name added from
a supplemental report

Month, day, year.

Filed

11 - 30 - 27, 1927W. W. Hoyt

Local Registrar.

Registrar.

Filed

19

County Registrar.

732-1128-239

REC

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order of birth stated.

N. B. - In case of more than one child at a birth, this certificate should be filed in the order of birth stated.