

PLACE OF BIRTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 129

County Registrar No. _____

Local Registrar No. 245

St. _____ Ward _____

No. Gila County Hospital
(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.

2. Full name of child Mary Lou Mills3. Sex of Child
Female
To be answered ONLY in event of plural births.

4. Twin, triplet or other.....

6. Legitimate?

7. Date of birth 12-20-27
Month Day Year

5. No., in order of birth.....

yes8. FATHER
Full name Alva Willard Mills14. MOTHER
Full maiden name Frances Mildred Mills9. Residence (Usual place of abode)
If non-resident, give place and state. Globe, Ariz15. Residence (Usual place of abode)
If non-resident, give place and state. Globe Ariz10. Color or race
White16. Color or race
White11. Age at last birthday 24 (Years)17. Age at last birthday 24 (Years)12. Birthplace (city or place) Esperin Colorado
(State or country)18. Birthplace (city or place) Casey, Iowa
(State or country)13. Occupation
Nature of industry Electrician19. Occupation
Nature of industry House wife20. 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 8
(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 10:00 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 evidence of life after birth.

Signature [Signature] (Physician or midwife)Address P.O. Box 636, Globe ArizGiven name added from a supplemental report. Filed 12/31, 1927 Local Registrar.

Registrar

Filed _____, 19____ County Registrar.

442-1220-642