

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 188

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gordon Jaye Courtright (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male 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 Sept. 10, 1931
Month Day Year

8. FATHER
Full name Ralph Raymond Courtright

14. MOTHER
Full maiden name Margaret Louise Steward

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

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

10. Color or race
White

11. Age at last birthday 31 (Years)

16. Color or race
White

17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Jeff
Illinois
(State or country)

18. Birthplace (city or place) Spring
Ariz
(State or country)

13. Occupation
Nature of industry clerk.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother. 4
(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 1
(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 alive at 4:00 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 evidence of life after birth.

Signature C. W. Jackson
Physician
(Physician or Midwife)

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz.
Month, day, year

Filed 10/10 1931 B. E. Wightman Registrar
Registrar

733-910-424

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