

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. \_\_\_\_\_  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 193

2. Full name of child Ralph Roscoe Mc Gehie (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
No. 680. Ash St St. \_\_\_\_\_ Ward \_\_\_\_\_  
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_  
7. Date of birth Sept 21, 1930 Month Sept day 21 year 1930

8. FATHER  
Full name Elmer A. Mc Gehie  
9. Residence (Usual place of abode) Coolidge Dam, Arizona  
If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
Full maiden name Christine Manselle  
15. Residence (Usual place of abode) Coolidge Dam, Ariz.  
If nonresident, give place and state \_\_\_\_\_

10. Color or race White

11. Age at last birthday 23 (Years)

16. Color or race White

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Chammachie, Texas  
(State or country) \_\_\_\_\_

18. Birthplace (city or place) Roswell, Georgia  
(State or country) \_\_\_\_\_

13. Occupation  
Nature of industry Electrician

19. Occupation  
Nature of industry House wife

20. Number of children of this mother (a) Born alive and now living two  
(b) Born alive but now dead none  
(c) Stillborn none  
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against yes  
thallia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 3:50 A 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 S. E. Wightman M.D.  
Address \_\_\_\_\_ (Physician or midwife)

Registrar. \_\_\_\_\_ Filed 10/10 1930 Local Registrar. S. E. Wightman M.D.  
Month, day, year. \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar. \_\_\_\_\_

945-921-345

in order of birth stated.