ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116
County Registrar No.
Local Registrar No. 204

PLACE OF BIRTH

1. County of Gila
District of Globe
Town of Globe
or
City of Globe, No. South Globe St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Samuel Dewey Curson, (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 Nov. 17th. 1931. (Month day year)

FATHER	MOTHER
8. Full name: Robert Dewey Curson	14. Full maiden name: Eursie Cairrier
9. Residence (Usual place of abode): Globe, Arizona. If nonresident, give place and state	15. Residence (Usual place of abode): Globe, Arizona. If nonresident, give place and state
10. Color or race: White	16. Color or race: White.
11. Age at last birthday: 31 yrs. (Years)	17. Age at last birthday: 26 yrs. (Years)
12. Birthplace (city or place) (State or country): Ada, Oklahoma	18. Birthplace (city or place) (State or country): North Fork, Oklahoma.
13. Occupation: Laborer. Nature of industry:	19. Occupation: Housewife. Nature of industry:

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: 0 (b) Born alive but now dead: (c) Stillborn: 0 — 5

21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* A.

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn.) at 3:30 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: G. E. Wightman M.D. (Physician or midwife)
Address: Globe, Ariz.

Given name added from a supplemental report ..... Month, day, year.

Filed 12/7, 1931 G. E. Wightman M.D. Local Registrar.

Registrar. Filed ..... 19.... County Registrar.

235-1117-539

N. B.—In case of more than one child at a birth, a SEPARATE CERTIFICATE must be made for each, in order of birth stated.