

In order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1417
County Registrar No. _____
Local Registrar No. 64

2. Full name of child William Edward Job
No. 464 Third St. _____ Ward _____
(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.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 16. Legitimate? Yes } 7. Date of birth May 25th 1932
5. No. in order of birth _____ 8. Month _____ day _____ year _____

5. FATHER
Full name William Job
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state _____
10. Color or race White
11. Age at last birthday 41 (Years)

14. MOTHER
Full maiden name Lizzie Watts
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state _____
16. Color or race White
17. Age at last birthday 41 (Years)

12. Birthplace (city or place) (State or country) England
13. Occupation Nature of industry miner
18. Birthplace (city or place) (State or country) Elkhart, Montana
19. Occupation Nature of industry Marker at laundry
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 one (b) Born alive but now dead 0 (c) Stillborn _____
21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:30 P. m. on the date above stated.
(Born alive or stillborn.)

Signature G. E. Wightman, M.D.
(Physician or midwife)

Address _____
Filed 6/7 1932 G. E. Wightman, M.D. Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

612-525-362