1966

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 1

1. PLACE OF BIRTH

County Gila State Arizona

Township Globe or Village

City No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Henry Hiram Berry (If child is not yet named, make supplemental report, as directed)

3. Sex male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature yes; Full term | 7. Legitimate? yes | 8. Date of birth Sept. 24 1896, 19 (Month, day, year)

FATHER

9. Full name James H. Berry.

10. Residence (usual place of abode) (If non-resident, give place and State) Globe Ariz.

11. Color or race White | 12. Age at last birthday 32 (Years)

13. Birthplace (city or place) Ogdensburg. (State or country) New York.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Contractor

16. Date (month and year) last engaged in this work Sept. 1896, 19

17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name Amber Cella

19. Residence (usual place of abode) (If non-resident, give place and State) X Globe Ariz.

20. Color or race White | 21. Age at last birthday 17 (Years)

22. Birthplace (city or place) San Francisco (State or country) California

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Sept. 1896, 19

26. Total time (years) spent in this work 2 yrs.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation months or weeks | 29. Cause of stillbirth Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) + Mrs. Amber Cella Berry (Mother), M. D.

or , Midwife

Address

Given name added from a supplemental report (Date of)

Filed 1/14, 1932 G. E. Wightman Mr. Registrar.

Registrar.