

2574

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, EACH IN ORDER OF BIRTH STATED.

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

State File No. _____
Registered No. 20

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 Herbert Brodie
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 Aug. 13, 1903
Month Day Year

8. FATHER
Full name Christopher Charles Brodie

14. MOTHER
Full maiden name Bessie Harris

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

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

10. Color or race
White

11. Age at last birthday 27 (Years)

16. Color or race
White

17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Milton
(State or country) England

18. Birthplace (city or place) Dalton in Furness
(State or county) Lancashire, England

13. Occupation
Nature of Industry Miner

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living _____
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10:00 AM 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 Mrs. Bessie Brodie Jacob (Mother)
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____ Address _____

Registrar. Filed 3/7, 1931 H. E. Wightman Registrar.