

2588

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. _____
Registered No. 111

1. PLACE OF BIRTH
County GILA State ARIZONA
District or Township NORTH GLOBE or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child JOHN WALL
(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. 5. No., in order of birth. 6. Legitimate? YES. 7. Date of birth AUG 15 1904
Month Day Year

8. FATHER
Full name JAMES RODDA WALL

14. MOTHER
Full maiden name MARY JANE HARVEY GARTRELL

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

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

10. Color or race BRITISH 11. Age at last birthday 59 (Years)

16. Color or race BRITISH 17. Age at last birthday 58 (Years)

12. Birthplace (city or place) ST JUST
(State or country) CORNWALL ENGLAND

18. Birthplace (city or state) PENDREN
(State or country) CORNWALL ENGLAND

13. Occupation
Nature of Industry MINER

19. Occupation
Nature of Industry MARRIED WOMAN

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0

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 _____ m. on the date above stated.
(Born alive or stillborn)

Signature Jas. R. Wall (FATHER)
(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.)
(Physician or midwife.)

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

Registrar. W. E. Wightman June 17 1920
Registrar.