

2641

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Globe  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. \_\_\_\_\_  
Co. Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Ronald Smith } 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 June 22, 1908 (Month, day, year)

8. FATHER Full name Knight A. Smith

14. MOTHER Full maiden name Ella Carvil

9. Residence (Usual place of abode) Globe Ariz. If nonresident, give place and State

15. Residence (Usual place of abode) Globe Ariz. If nonresident, give place and State

10. Color or race White 11. Age at last birthday \_\_\_\_\_ (Years)

16. Color or race White 17. Age at last birthday \_\_\_\_\_ (Years)

12. Birthplace (city or place) Chloride New Mexico (State or country)

18. Birthplace (city or place) \_\_\_\_\_ (State or country) Nova Scotia

13. Occupation Nature of industry Photographer

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } 6 (a) Born alive and now living 6 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ 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 Ella Carvil Smith (Physician or midwife)  
Address \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)  
Registrar.

Filed 1-5, 1923 Local Registrar.  
Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.