

2645

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

State File No. _____
Registered No. 15

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Globe
City Globe No. 30830 7th St St. 2nd Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorothy Adena Kibbey (William) If child is not yet named, make supplemental report, as directed.

3. Sex of Child F 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 Dec 7 1908
Month Day Year

8. FATHER
Full name J. Ed Kibbey
9. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 21 (Years)
12. Birthplace (city or place) Lanacio Colorado
(State or country)
13. Occupation grocer.
Nature of industry

14. MOTHER
Full maiden name Martha Whalley
15. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Los Angeles Calif
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 (a) Born alive and now living Yes (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 6:45 a.m. 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 Charles P. Sturgeon M.D. Physician (Physician or Midwife)
Address 1136 W 6th St Los Angeles Calif
Filed 1-31 1927 St. J. Horst Registrar

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.

477-107-114