1932

104

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No._____

Co. Register No. 103

Local Registrar's No._____

**PLACE OF BIRTH**

County of Gila

District of Globe

Town of _____ or City of Globe

(No._____ St._____ Ward)

FULL NAME OF CHILD Cyril Duncan [illegible]

Born Alive: YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (yr.) |
|---|---|---|---|---|---|
| M | | | 1 | yes | May 10 1932 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | [illegible] | Full Maiden Name | Ina Greene |
| Residence | 377 East [illegible] | Residence | 377 East [illegible] |
| Color or Race | W | Color or Race | W |
| Age at last Birthday (Years) | 26 | Age at last Birthday (Years) | 24 |
| Birthplace | Ky | Birthplace | Mo |
| Occupation | Laborer | Occupation | Housewife |

Number of child of this mother _____ | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 10 1932, at [illegible] M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) [illegible]

(Attending physician, midwife, householder.*)

Address _____

Given or christian name added from a supplemental report _____ 191__

Filed May 15 1932

B. G. Fox

LOCAL REGISTRAR.

354-510-572

COUNTY REGISTRAR.

Filed 6/5 1932

A True Copy B. G. Fox

COUNTY REGISTRAR.