

666

# Damaged Document(s)

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
County of Globe  
District of Globe  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_)

State of \_\_\_\_\_  
Co. \_\_\_\_\_  
Local Registrar \_\_\_\_\_

FULL NAME OF CHILD Inene Pabb  
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>F</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb 11</u> (Month) (Day)
FATHER			MOTHER		
Full Name <u>Zenas Pabb</u>			Full Maiden Name <u>Agnes Pord</u>		
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>White</u>		Age at last Birthday <u>31</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>21</u> (Years)
Birthplace <u>England</u>			Birthplace <u>England</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of child of this mother... <u>1</u>		Number of children, of this mother, now living... <u>1</u>		Were precautions taken against Ophthalmia neonatorum <u>✓</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Feb 11 1914 at 10 \_\_\_\_\_  
{ When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Ben R. Schme  
(Attending physician, midwife, householder)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Globe, Ariz

Filed 2/15 1914  
Filed 3/5 1914

A True Copy

932-211-164  
COUNTY REGISTRAR.

BESTIA  
LOCAL REGISTRAR  
BESTIA  
COUNTY REGISTRAR

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 child must be stated. This certificate must be filed by the attending physician, midwife, or householder, in order of birth stated.