751

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

148 State Index No. 484

Co. Register No. 168

Local Registrar's No.

(No. ..... St; ..... Ward)

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

FULL NAME OF CHILD Hugh Warner Vincent

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	Other		1	yes	May 21, 1915 (Month) (Day) (Yr.)

FATHER

Full Name: Milton R. Vincent

Residence: Globe, Ariz.

Color or Race: White

Age at last Birthday: 24 (Years)

Birthplace: Tombstone, Ariz.

Occupation: Fireman R.R.

MOTHER

Full Maiden Name: Joyce Higdon

Residence: Globe, Ariz.

Color or Race: White

Age at last Birthday: 22 (Years)

Birthplace: Globe, Ariz.

Occupation: Housewife

Number of child of this mother: 1

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 21, 1915, at 8.40 P.M.

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

(Signature) [signature]

(Attending physician, ~~midwife, householder~~ *)

Given or christian name added from a supplemental report ..... 191....

Address .....

Filed June 20 1915 [signature]

LOCAL REGISTRAR.

853-521-1[illegible]

COUNTY REGISTRAR.

Filed July 5 1915

A True Copy [signature]

COUNTY REGISTRAR.

[illegible] with each local Registrar within 5 days after birth.