

Midwife with each local Registrar within 5 days after birth.

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

State Index No. 150  
 Co. Register No. 124  
 Local Registrar's No. \_\_\_\_\_

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

**FULL NAME OF CHILD** Stephanie Stansel  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born  YES  
 } Alive  NO

Sex of Child	Female	Twin, Triplet or other		and	Number in order of birth	Legitimate?	Date of Birth	1915
						yes	May 24	(Month) (Day) (Yr.)

FATHER			MOTHER		
Full Name	<u>John Stansel</u>	Full Maiden Name	<u>Mary Parrish</u>	Residence	<u>Same</u>
Residence	<u>W. Bailey St</u>	Residence	<u>Same</u>	Color or Race	<u>White</u>
Color or Race	<u>White</u>	Age at last Birthday	<u>30</u>	Age at last Birthday	<u>34</u>
Birthplace	<u>Austria</u>	Birthplace	<u>Same</u>	Occupation	<u>Housewife</u>
Occupation	<u>Miner</u>	Occupation	<u>Housewife</u>		

Number of child of this mother... 9 ... Number of children, of this mother, now living... 7 ... 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 24, 1915, at 39 M.  
 { \*When there is no attending physician or midwife, then the householder should make this return. }  
 (Signature) C. J. Sturgeon  
 (Attending physician, midwife, householder. \*)

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

Filed May 27 1915 B. G. Fox LOCAL REGISTRAR.  
 Filed June 5 1915 B. G. Fox COUNTY REGISTRAR.  
 2286-5211-1178 COUNTY REGISTRAR.