9402

CERTIFICATE AMENDED
SEE NOTATION

Name added by affidavit of registrant and Social Security records (7-16-69 lms)

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

State Index No. 116

Co. Register No. 96

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Charles Edgar Sheppard

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

Born Alive YES ~~NO~~

Sex of Child Male | Twin, Triplet or other and Number in order of birth | Legitimate? yes | Date of Birth 4 (Month) 15 (Day) 1916 (Yr.)

FATHER		MOTHER	
Full Name	Horace Sheppard ~~Horace Shepherd~~	Full Maiden Name	George Young
Residence	Globe	Residence	Globe
Color or Race	Amer	Color or Race	Amer
Age at last Birthday	25 (Years)	Age at last Birthday	21 (Years)
Birthplace	Texas	Birthplace	Alabama
Occupation	Cow boy	Occupation	H. W

Number of child of this mother 2 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 4/15 191__, at 4 P M.

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

(Signature) L. E. Wightman
(Attending physician, midwife, householder.*)

Address Globe Arizona

Given or Christian name added from a supplemental report 191__

Filed 4-20 1916 B. G. Fox
LOCAL REGISTRAR.

A True Copy

324-415-787
COUNTY REGISTRAR.

Filed 5-10 1916 B. G. Fox
COUNTY REGISTRAR.