

1729

**PLACE OF BIRTH** **ARIZONA STATE BOARD OF HEALTH**  
 County of Delta Co **BUREAU OF VITAL STATISTICS** State Index No. 170  
 District of \_\_\_\_\_ **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 467  
 City of Globe Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 of \_\_\_\_\_ (No. Euclid St; \_\_\_\_\_ Ward)

Full Name of Child Florence Elizabeth Edwards } Born } YES  
 } Alive } ~~NO~~  
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Girl Twin, Triplet or other \_\_\_\_\_ } and } Number in order of birth 2 Legitimate? Yr Date of Birth Sept 23 1914  
 (Month) (Day) (Yr.)

**FATHER**  
 Name Ray F Edwards  
 Residence 6 Lake Ave  
 Color or Race White Age at last Birthday \_\_\_\_\_ (Years) 29  
 Birthplace Harrison Texas  
 Occupation Laborer

**MOTHER**  
 Full Maiden Name Florence A Garroway  
 Residence Delta City Texas  
 Color or Race White Age at last Birthday 28 (Years)  
 Birthplace Willcox City Texas  
 Occupation Housewife

Number of child of this mother Two Number of children, of this mother, now living Two 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 Sept 24 1914, at 2:40 P.M.

\*When there is no attending physician or midwife, then the householder could make this return. (Signature) E.P. Woodman  
 (Attending physician, midwife, householder.)\*

Given or christian name added from a \_\_\_\_\_ Address Old Mission Hospital  
 Supplemental report \_\_\_\_\_ 191\_\_\_\_\_ Globe Ariz

Filed Sept 28 1914 LOCAL REGISTRAR. B.G. Fox  
 Filed Oct 5 1914 COUNTY REGISTRAR. B.G. Fox  
 652-923-674 COUNTY REGISTRAR.