

021

Must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH Gila  
 County of Gila State Index No. 124  
 District of \_\_\_\_\_ Co. Registrar's No. 448  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or Globe  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Wilma Jane Comstock Born YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>F</u>	Twin, Triplet or other <u>Other</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 22</u> 191 <u>9</u>
					Month / Day / Yr.

FATHER		MOTHER	
Full Name <u>John Comstock</u>	Residence <u>5 S. Ash St. Globe Ariz</u>	Full Maiden Name <u>Vivian Clair Hughes</u>	Residence <u>5 S. Ash St. Globe Ariz</u>
Color or Race <u>White</u>	Age at last Birthday <u>33</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>25</u> Years
Birthplace <u>Missouri</u>	Occupation <u>Mechanic</u>	Birthplace <u>Texas</u>	Occupation <u>Housewife</u>

Number of child of this Mother 3<sup>rd</sup> 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 Aug 22 1919, at 3 A.M.

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

Signature H. W. Horst M.D.  
 Attending physician, midwife, householder.\*

Address Globe Ariz  
R. S. J. J.

Given or Christian name added from a supplemental report \_\_\_\_\_ 1919 Filed Sept 3 1919

632-822-582 A True Copy  
 COUNTY REGISTRAR. Filed \_\_\_\_\_ 1919

R. S. J. J.  
 LOCAL REGISTRAR.  
 COUNTY REGISTRAR.