N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 97

Co. Register No. 692

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Thomas Herbert Clark

Born Alive: YES ~~NO~~

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

Sex of Child Male | Twin, Triplet or other | and | Number in order of birth | Legitimate? yes | Date of Birth Dec. (Month) 7 (Day) 1919 (Yr.)

FATHER

Full Name James Walter Clark

Residence Globe, Arizona

Color or Race White | Age at last Birthday 36 (Years)

Birthplace Owensboro Kentucky

Occupation Carpenter

MOTHER

Full Maiden Name Cora Buck

Residence Globe Ariz

Color or Race White | Age at last Birthday 34 (Years)

Birthplace Bateville Ky.

Occupation Housewife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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 Dec 7 1919, at 7:20 a. M.

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

(Signature) Alvin Furnse M. D.
(Attending physician/midwife, ~~householder~~.*)

Address Globe, Arizona

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

Filed Dec 12 1919. B. G. Fox
LOCAL REGISTRAR.

332-1209-222
COUNTY REGISTRAR.

Filed Jan 5 1919

A True Copy B. G. Fox
COUNTY REGISTRAR.