

PLACE OF BIRTH  
 County of Yuma  
 District of Globe  
 Town of \_\_\_\_\_  
 or Globe  
 City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH  
 State Index No. 127  
 Co. Register No. 10  
 Local Registrar's No. \_\_\_\_\_

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

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>Jan. 2 1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>William Rae</u>			Full Maiden Name <u>Bessie Martin</u>		
Residence <u>Globe Arizona</u>			Residence <u>Globe Arizona</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>27</u> (Years)			Age at last Birthday _____ (Years)		
Birthplace <u>Buckett Texas</u>			Birthplace <u>Texas</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		

Number of child of this mother... 5... Number of children, of this mother, now living... 5... Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

hereby certify that I attended the birth of above child; and that it occurred on Jan 2 1920, at 6:45 M.  
 { \*When there is no attending physician or midwife, then the householder should make this return. }  
 (Signature) Alvin Kirsse M.D.  
 (Attending physician/midwife, householder.\*)

Given or christian name added from a supplemental report ..... 191.....  
493-102-245  
 COUNTY REGISTRAR.  
 Filed Jan 5 1920  
 Filed Feb 5 1920  
 Address Globe, Arizona  
B. G. Joy  
 LOCAL REGISTRAR.  
 A True Copy B. G. Joy  
 COUNTY REGISTRAR.