

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Gila State Index No. 164
District of _____ Co. Register No. 43
Town of _____ Local Registrar's No. _____
or Globe (No. _____ St; _____ Ward)

FULL NAME OF CHILD James Alfred Phillips } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Jan 13</u> 19 <u>20</u> (Month) (Day) (Yr.)
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FATHER			MOTHER		
Full Name <u>George Phillips</u>	Residence <u>Globe, Arizona</u>		Full Maiden Name <u>Rosalie Bednoiz</u>	Residence <u>Globe, Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>31</u> (Years)	Birthplace <u>Georgetown New Mexico</u>	Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)	Birthplace <u>Yorktown Texas</u>
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		

Number of child of this mother... 4 ... Number of children, of this mother, now living... 4 ... 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 13 1920, at 9:15 P. M.

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

(Signature) Alvin Kinnel
(Attending physician, midwife, householder. *)

Address Globe, Arizona

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

Filed Jan 16 1920 LOCAL REGISTRAR.
Filed Feb 5 1920 A True Copy LOCAL REGISTRAR.

172-113-929
COUNTY REGISTRAR.