ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 452

Co. Registrar's No. 183

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Globe

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD unnamed

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

Born Alive ~~YES~~ NO

Sex of Child male | Twin, ~~Triplet or other~~ | and | Number in order of birth 2 | Legitimate? yes | Date of Birth March 18 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Charles Bradley Andrews	Full Maiden Name	Margaret M. Fagan
Residence	Globe, Ariz.	Residence	Globe, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	29 Years	Age at last Birthday	26 Years
Birthplace	Texas	Birthplace	England
Occupation	Bank clerk	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Mar 18 1920 at 9 A.M.

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

Signature C Gunter

Attending physician, ~~midwife, householder.~~*

Address Globe

Given or Christian name added from a supplemental report _____ 191__

Filed Mar 20 1920

B. G. Fox

LOCAL REGISTRAR.

012-318-465

COUNTY REGISTRAR.

Filed Apr 6 1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.