Damaged Document(s)

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

ARIZONA STATE BOARD OF

BUREAU OF VITAL STATISTICS

State I

ORIGINAL CERTIFICATE OF BIRTH

Co. Regis

Local Reg

(No. ..... St.

FULL NAME OF CHILD May Bess Barr

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
F			1	Ya	April 1 Month D

FATHER		MOTHER	
Full Name	George Ernest Barr	Full Maiden Name	Virginia Ho
Residence	5th & Sycamore St.	Residence	5th & Sycamore
Color or Race	White	Color or Race	Y.
Age at last Birthday	28 Years	Age at last Birthday	
Birthplace	Texas	Birthplace	Texas
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 18 1920,

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

Signature W. W. Horst M.

Attending physician, ~~midwife, household~~

Address Globe Ariz

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

Filed Apr 22 1920

B. G. Gal

LOCAL REG

429-418-584

COUNTY REGISTRAR.

A True Copy

Filed May 5 1920

B. G. Gal

COUNTY

B.—In case of more than one child at birth, a Sex Affidavit for each, the number of each, in order of birth, stated. This certificate must be filed by the attending or midwife with each local Registrar within 5 days after birth.