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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162^a
County Registrar No. 340
Local Registrar No. _____

1. County of Gila
District of _____
Town of _____
or
City of Globe No. Gila Co. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Tyler Holcombe
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes
7. Date of birth April 23, 1920
Month day year

<p>8. FATHER Full name <u>John Delaney Holcombe</u></p> <p>9. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>ARIZ.</u></p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>39</u> (Years)</p> <p>12. Birthplace (city or place) <u>Junction City</u> (State or country) <u>Kansas</u></p> <p>13. Occupation <u>Dentist</u> Nature of industry</p>	<p>14. MOTHER Full maiden name <u>Eudora A. Weisbecker</u></p> <p>15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>ARIZ.</u></p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>23</u> (Years)</p> <p>18. Birthplace (city or place) <u>Lacrosse</u> (State or country) <u>Wisconsin,</u></p> <p>19. Occupation <u>House-wife</u> Nature of industry</p>
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20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living TWO
(b) Born alive but now dead none
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child; who was _____ (Born alive or stillborn) at _____ m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature John L. Hales (Physician or midwife)
Address 185-422-569
Given name added from a supplemental report _____
Month, day, year.

Filed May 8, 1924 B. G. Jay Local Registrar.
Filed 5-9, 1924 B. G. Jay County Registrar.

Registrar. _____