

2174

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County of Gila

State Index No. 203

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 428

Town of _____

Local Registrar's No. _____

or _____

City of Globe

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Leona May Strawn

Born YES
Alive NO

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

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>ps</u>	Date of Birth <u>July 20</u> 19 <u>20</u>
					Month Day Yr.

FATHER

Full Name Wm Arthur Strawn

Residence Globe, Arizona

Color or Race White Age at last Birthday 27 Years

Birthplace Strawn, Texas

Occupation Miner

MOTHER

Full Maiden Name Martha Ada Sparks

Residence Globe, Arizona

Color or Race White Age at last Birthday 22 Years

Birthplace Safford Arizona

Occupation Housewife

Number of child of this Mother 4 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 20 1920 at 3:15 P. M.

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

Signature Alvin Forman M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a

Address Globe, Arizona

supplemental report. _____ 191_

Filed 7/25 1920

B. J. Fox
LOCAL REGISTRAR.

325-720-422
COUNTY REGISTRAR.

Filed 8/15 1920 A True Copy

B. J. Fox
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.