

215

PLACE OF BIRTH  
 County of Yuma  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH  
 State Index No. 156  
 Co. Register No. 403  
 Local Registrar's No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME OF CHILD \_\_\_\_\_  
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child M { Born } YES  
 { Alive } NO

and } Number in order of birth 3 Legitimate? yes Date of Birth Aug 1 1920  
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>John M. Sniffin</u>	Full Maiden Name	<u>Ella Boas</u>
Residence	<u>Globe</u>	Residence	<u>Globe</u>
Color or Race	<u>White</u>	Color or Race	<u>W</u>
Age at last Birthday	<u>29</u> (Years)	Age at last Birthday	<u>25</u> (Years)
Birthplace	<u>Ill. Mo</u>	Birthplace	<u>Ark</u>
Occupation	<u>miner</u>	Occupation	<u>Housewife</u>

Number of child of this mother 3 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 Aug 1 1920, at 11.9 A.M.

(Signature) R. J. J. J.  
 (Attending physician, midwife, householder.)\*

Address Globe

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

025-801-522  
 COUNTY REGISTRAR.

Filed Aug 4 1920  
 A True Copy  
 Filed Sept 6 1920

B. J. J. J.  
 LOCAL REGISTRAR.  
R. J. J. J.  
 COUNTY REGISTRAR.