8222

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

Co. Registrar's No. 633

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Dorothy Helen Birdwell

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

Born Alive YES ~~NO~~

Sex of Child Female | Twin, Triplet or other and Number in order of birth | Legitimate? yes | Date of Birth Oct 24 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	John Birdwell Jr	Full Maiden Name	Helen Childress
Residence	~~Louisiana~~ Hill Street Globe	Residence	Globe Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	31 Years	Age at last Birthday	21 Years
Birthplace	Louisiana	Birthplace	Ft Thomas Arizona
Occupation	Automobile	Occupation	House wife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 10/24 1920 at 1P M.

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

Signature L. E. Wyhlman

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

Address Globe Ariz

Given or Christian name added from a supplemental report 191

Filed 11-1 1920

B. G. Fox

LOCAL REGISTRAR.

423-1024-932

COUNTY REGISTRAR.

Filed 11-5 1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.