

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Gila State Index No. 1113
District of _____ Co. Register No. 658
Town of _____ Local Registrar's No. _____
or _____
City of Globe (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Ethel Louise Gavin { Born } Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } NO

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Nov. 1</u> 192 <u>0</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>Herbert McKinley Gavin</u>	Residence <u>Globe</u>	Full Maiden Name <u>Mayme Louise King</u>	Residence <u>Globe, Ariz.</u>
Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>18</u> (Years)
Birthplace <u>Kansas</u>	Occupation <u>labour</u>	Birthplace <u>New Mexico</u>	Occupation <u>Housewife</u>

Number of child of this mother 3 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child; and that it occurred on Nov. 1 1920, at 6²⁰ P.M.

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

Given or Christian name added from a supplemental report _____ 192____

575-1101-427 COUNTY REGISTRAR.

(Signature) C.W. Adams
(Attending physician, midwife, householder.)
Address Globe Ariz.
B.G. J.W.
LOCAL REGISTRAR.
A True Copy
B.G. J.W.
COUNTY REGISTRAR.

Filed 11/5 1920
Filed 12/6 1920