

2173

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Pima
District of _____
Town of _____
or _____
City of Globe

BUREAU OF VITAL STATISTICS

State Index No. 100
Co. Register No. 40
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

(No. 1050 North East St; _____ Ward)

FULL NAME OF CHILD James Richmond Clark { Born } Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } ~~No~~

Sex of Child male Twin, Triplet or other and { Number in order of birth } 1 Legitimate Date of Birth Jan. 20 1921
(Month) (Day) (Yr.)

FATHER
Full Name Richmond Owen Clark
Residence Globe
Color or Race white Age at last Birthday 38 (Years)
Birthplace Texas
Occupation Track Foreman Railroad

MOTHER
Full Maiden Name Sarah Mc Kown
Residence Globe, Ariz.
Color or Race white Age at last Birthday 33 (Years)
Birthplace New York City
Occupation House Keeper

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 Jan. 20, 1921 at 3³⁰ A.M.

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

(Signature) Clarence Gunter
(Attending physician, midwife, householder.)*

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

Address Globe

132-120-245
COUNTY REGISTRAR.

Filed 1-23 1921

Filed 2/5 1921 A True Copy

B. G. Fox
LOCAL REGISTRAR.
COUNTY REGISTRAR.