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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121

Co. Registrar's No. 576

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila,

District of Globe,

Town of _____

or

City of Globe.

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Richard Roy Nelms. | Born Alive | YES NO

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
Male				Yes	11	8	1921

FATHER		MOTHER	
Full Name	Larson F. Nelms,	Full Maiden Name	Mary E. Williams,
Residence	Globe,	Residence	Same.
Color or Race	White	Color or Race	White
Age at last Birthday	21 Years	Age at last Birthday	20 Years
Birthplace	Alabama,	Birthplace	Arizona.
Occupation	Mener (Timberman)	Occupation	Housewife,

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*

11,4

I hereby certify that I attended the birth of the above child; and that it occurred on 11/8th. 1921 at P.M.

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

Signature L. E. Waughman

Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191__

Address Globe, Ariz.

Filed Nov 17 1921 R. G. Fox

LOCAL REGISTRAR.

952-1108-462

COUNTY REGISTRAR.

Filed Dec 5 1921 A True Copy R. G. Fox

COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth, stated. This certificate must be filed by the attending the number of each, or midwife with each local Registrar within 5 days after birth.