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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 91

Co. Registrar's No. 131

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 Ralph Raymond Courtright, Jr.

Born Alive YES

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	4	4	1922

FATHER		MOTHER	
Full Name	Ralph Raymond Courtright,	Full Maiden Name	Margaret L. Stewart,
Residence	Globe.	Residence	Globe.
Color or Race	White	Color or Race	White
Age at last Birthday	24 Years	Age at last Birthday	23 Years
Birthplace	Ill.	Birthplace	Arizona.
Occupation	Miner	Occupation	Housewife,

Number of child of this Mother 2 | 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 4/4, 1922, at 11,30 P.M.

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

Signature H. E. Wightman
Attending physician, midwife, householder.*

Address Globe, Ariz.

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

Filed 4/8 1922

B. G. Tiff
LOCAL REGISTRAR.

933-404-423

Filed 5/6 1922

A True Copy

B. G. Tiff
COUNTY REGISTRAR.

COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for 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.