

968

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106
Co. Registrar No. 153
Local Registrar No. _____

or
City of Globe No. _____ St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Julia Jessie Cox } If child is not yet named, make supplemental report, as directed

3. Sex of child F To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Apr 13, 1922 (Month, day, year)

FATHER
8. Full name Samuel Jerome Cox
9. Residence (Usual place of abode) Globe, Ariz
If nonresident, give place and State
10. Color or race White
11. Age at last birthday 54 (Years)
12. Birthplace (city or place) Virginia
(State or country)
13. Occupation Machinist
Nature of Industry

MOTHER
14. Full maiden name Bertha Drake
15. Residence (Usual place of abode) Globe, Ariz
If nonresident, give place and State
16. Color or race white
17. Age at last birthday 37 (Years)
18. Birthplace (city or place) Codell
(State or country) Kansas
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 P. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. W. Adams
Address Globe, Arizona

Given name added from a supplemental report. (Month, day, year) 137-4135-215
Filed Apr 16, 1922 W. S. Cox Local Registrar.
Filed May 6, 1922 W. S. Cox County Registrar.