

4652

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila BUREAU OF VITAL STATISTICS State Index No. 00
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 202
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St. _____ Ward _____)

Full Name of Child Robert Wesley Banks Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>May 3, 1922</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Robert W. Banks</u>			Full Maiden Name <u>Allie May Punterney</u>		
Residence <u>Globe Arizona</u>			Residence <u>Globe, Arizona</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>33</u> (Years)			Age at last Birthday <u>33</u> (Years)		
Birthplace <u>Blackburn Missouri</u>			Birthplace <u>Prescott Arizona</u>		
Occupation <u>Engineer Power plant</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>4</u>	Number of children of this mother now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on May 3, 1922, at 11:45 P.M.

(*When there is no attending physician or midwife, then the householder should make this return.)
 (Signature) Alvin Kirnse M.D.
 (Attending physician, midwife, householder. *)

Given or Christian name added from a Supplemental report _____ 192__ Filed May 6, 1922
 Address Globe Arizona
W.S.S.H.
 LOCAL REGISTRAR.
922-503-678 Filed 7-8-22 A True Copy W.S.S.H.
 COUNTY REGISTRAR. COUNTY REGISTRAR.