

2383

PLACE OF BIRTH
 County of Gila ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS State Index No. 151
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 250
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St. _____ Ward)

FULL NAME OF CHILD Florence Echols } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar; } Alive } NO

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 20 1922</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Robert L. Echols</u>			Full Maiden Name <u>Verla Birdus</u>		
Residence <u>Globe Ariz - 53 Cedar St.</u>			Residence <u>Globe Ariz.</u>		
Color or Race <u>White</u>		Age at last Birthday <u>22</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>22</u> (Years)
Birthplace <u>Franklin Arizona</u>			Birthplace <u>Thatcher Ariz</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>		Number of Children, of this mother, now living <u>2</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 June 20 1922, at 4 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) H. H. Horst, M.D.
 (Attending physician, midwife, householder. *)
 Address Globe Arizona
 Given or Christian name added from a supplemental report _____ 191_____
 Filed 6-25 1922 LOCAL REGISTRAR.
652-620-526 A True Copy Filed 7-5 1922 COUNTY REGISTRAR.
 COUNTY REGISTRAR. COUNTY REGISTRAR.