

2385

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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. 1035  
Co. Registrar No. 257  
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 Jane Cleo Sullivan } If child is not yet named, make supplemental report, as directed

3. Sex of child M. 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 June 21, 1922 (Month, day, year)

8. FATHER  
Full name Daniel Joseph Sullivan

14. MOTHER  
Full maiden name Irene Kerby

9. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and State

15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and State

10. Color or race White 11. Age at last birthday 36 (Years)

16. Color or race White 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Michigan  
(State or country)

18. Birthplace (city or place) Arizona  
(State or country)

13. Occupation Day laborer.  
Nature of Industry

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 3 (b) Born alive but now dead 0 (c) Stillborn 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:05 A. 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  
(Physician or midwife)

Address Globe Ariz

Given name added from a supplemental report 125-621-928  
(Month, day, year)  
Registrar.

Filed 7-5, 1922 B. G. Day Local Registrar.  
Filed 7-5, 1922 B. G. Day County Registrar.