

2386

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. 134
Co. Registrar No. 258
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 Guy Frederick Romans } 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 Dee Van Romans

14. MOTHER Full maiden name Chelma B Allison

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 25 (Years)

16. Color or race White 17. Age at last birthday 20 (Years)

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

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

13. Occupation Nature of Industry Miner

19. Occupation Nature of Industry Housewife

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 2 (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 10:30 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 _____ (Month, day, year)
792-621-315
Registrar.

Filed 7-5 1922 0 B. G. Gray Local Registrar.
Filed 7-6 1922 0 B. G. Gray County Registrar.