

2399

Use each of these wires with each local Registrar

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila  
District of Globe  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144  
Co. Register No. 272  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Perry Rabb Langford { Born } Yes  
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } NO

Sex of Child Male Twin, Triplet or other Other and { Number in order of birth 1 Legitimate? yes Date of Birth June 25 192 2  
(Month) (Day) (Yr.)

FATHER  
Full Name W. Perry Langford  
Residence Globe, Ariz.  
Color or Race White Age at last Birthday 39  
(Years)  
Birthplace Texas  
Occupation Cow-boy

MOTHER  
Full Maiden Name Myrtle Rabb  
Residence Globe, Ariz.  
Color or Race White Age at last Birthday 30  
(Years)  
Birthplace New Mexico  
Occupation Housewife

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes  
A.M.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on June 25 192 2, at 5.15 A.M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) [Signature]  
(Attending physician, midwife, householder.\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 192 \_\_\_\_\_

Address \_\_\_\_\_

734-625-492  
COUNTY REGISTRAR.

Filed 7-10 192 2  
A True Copy  
Filed 7-10 192 2

[Signature]  
LOCAL REGISTRAR.  
[Signature]  
COUNTY REGISTRAR.