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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

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123

Co. Registrar No. 316

Local Registrar No.

No. St. Ward)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child — Dead — 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 July 16 1922 (Month, day, year)

FATHER	MOTHER
8. Full name James Richards Jr	14. Full maiden name Percie Hills
9. Residence (Usual place of abode) If nonresident, give place and State 381 St. Mesquite St.	15. Residence (Usual place of abode) If nonresident, give place and State 381 St. Mesquite St.
10. Color or race W. 11. Age at last birthday 29 (Years)	16. Color or race W 17. Age at last birthday 24 (Years)
12. Birthplace (city or place) (State or country) England	18. Birthplace (city or place) (State or country) Congress Ariz
13. Occupation Mtn Mechanic Nature of industry O. D. Mine	19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) Died 3 or 4 days before birth — 8 months (a) Born alive and now living (b) Born alive but now dead (c) Stillborn Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 10 P 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 N. H. Horst, M. D. (Physician or midwife)

Address Globe Ariz

Given name added from a supplemental report (Month, day, year)

092-716-782 Registrar.

Filed 7-20, 1922 B. G. Fox Local Registrar.

Filed 8-5, 1922 B. G. Fox County Registrar.