

953

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Pila
District of _____
Town of _____
or
City of Globe (No. _____ St. _____ Ward)

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157
Co. Registrar No. 400
Local Registrar's No. _____

FULL NAME OF CHILD Bonnie Jean Garcide { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive

Sex of Child Female Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth Aug 16 1922
(Month) (Day) (Yr.)

FATHER
Full Name Kimmel Garcide
Residence Globe, Arizona
Color or Race White Age at last Birthday 39 (Years)
Birthplace England
Occupation Miner

MOTHER
Full Maiden Name Beatrice Pascall
Residence Globe, Arizona
Color or Race White Age at last Birthday 30 (Years)
Birthplace England
Occupation Housewife

Number of Child of mother 4 Number of children of this mother now living 4 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Aug 16 1922, at 2:25 P.M.

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

(Signature) Alvin Kimmel M.D.
(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 192 _____

Address Globe, Arizona
P.O. Box
LOCAL REGISTRAR.

275-816-273
COUNTY REGISTRAR.

Filed 9-5 1922 A True Copy
D. E. Joy
COUNTY REGISTRAR.