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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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____
or
City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160
Co. Registrar No. 500
Local Registrar No. _____

2. Full name of child Ernest Haines (If birth occurred in a hospital or institution, give its NAME instead of street and number) } 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 Oct 23 - 1922 (Month, day, year)

FATHER
8. Full name Edwin C Haines
9. Residence (Usual place of abode) Ruiz Canyon If nonresident, give place and State
10. Color or race Mex
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Bonita Ariz (State or country)
13. Occupation Labourer Nature of Industry

MOTHER
14. Full maiden name Elina Varger
15. Residence (Usual place of abode) Globe Ariz If nonresident, give place and State
16. Color or race Mex
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Mexico (Lower California) (State or country)
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 4 (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 11 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 H. W. Horst (Physician or midwife)
Address Globe Ariz

Given name added from a supplemental report (Month, day, year) 582-1023-552 Registrar.

Filed 10/28, 1922
Filed 11/6, 1922
Count