PLACE OF BIRTH

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155

Co. Registrar No. 578

Local Registrar's No.

(No. St. Ward)

LL NAME OF CHILD Herschel Thomas Pascoe

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

of ld	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
M			2	Yes	Nov 27 - 22

FATHER		MOTHER	
me	William Frederick Pascoe	Full Maiden Name	Lela Robinson
idence	Roosevelt	Residence	Roosevelt
or Race	W	Color or Race	W
Age at last Birthday (Years)	38	Age at last Birthday (Years)	29
thplace	Ariz	Birthplace	Tex
upation	Rancher	Occupation	Housewife

mber of Child of this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum?
2	2	Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

ereby certify that I attended the birth of the above child, and that it occurred on Nov 27 1922, at 5 a M.

*When there is no attending physi- ian or midwife, then the householder hould make this return.

(Signature) R D Kennedy
(Attending physician, midwife, householder.*)

Address Globe

Given or Christian name added from a plemental report 192 Filed Nov 30 1922 R L Fox
LOCAL REGISTRAR.

875-1122-395 Filed Dec 6 1922 A True Copy R L Fox
COUNTY REGISTRAR. COUNTY REGISTRAR.