

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165
 Co. Registrar No. 587
 Local Registrar's No. _____

LEGAL NAME OF CHILD William Edward Yiger { Born YES
 Alive N }
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of child <u>Male</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth <u>1</u>	Legitimate <u>Yes</u>	Date of Birth <u>Nov 30 1922</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wm Edward Yiger</u>			Full Maiden Name <u>Claine Yiger</u>		
Residence <u>No. Broad St</u>			Residence <u>No. Broad St</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>24</u> (Years)			Age at last Birthday <u>23</u> (Years)		
Birthplace <u>Colo.</u>			Birthplace <u>Cal.</u>		
Occupation <u>Machinist</u>			Occupation <u>House wife</u>		
Number of Child of this mother <u>1</u>	Number of children of this mother now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Nov 30, 1922, at 8 A.M.

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

(Signature) Clarence Guter M.D.
 (Attending physician, midwife, householder.)*

Given or Christian name added from a Supplemental report _____ 1922 Filed Dec 1 1922 B.G. Jay LOCAL REGISTRAR.

689-1130-589 Filed Dec 5 1922 B.G. Jay A True Copy COUNTY REGISTRAR.