

WRITEN PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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.

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151

Co. Registrar No. 36

Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Iris Lucile Brewster } If child is not yet named, make supplemental report, as directed

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3. Sex of child Female 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 1-12-23 (Month, day, year)

FATHER		MOTHER	
8. Full name <u>Don. H. Brewster</u>	14. Full maiden name <u>Annie Marie Horn</u>	9. Residence (Usual place of abode) <u>Globe, Ariz.</u>	15. Residence (Usual place of abode) <u>Globe, Ariz.</u>
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>31</u> (Years)		17. Age at last birthday <u>17</u> (Years)	
12. Birthplace (city or place) <u>Texas</u>		18. Birthplace (city or place) <u>Texas</u>	
13. Occupation <u>Rancher</u>		19. Occupation <u>Housewife</u>	

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 1 (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 7:00 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 C. Williams (Physician or midwife)

Address Globe, Arizona

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

929-112-185 Registrar.

Filed Sub 1, 1923 Local Registrar.

Filed Sub 6, 1923 County Registrar.