

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of <u>Globe,</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>173</u>	
or <u>Globe.</u>		County Registrar No. <u>73</u>	
City of _____		Local Registrar No. _____	
2. Full name of child <u>Kenneth Charles Hood,</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Male</u>		6. Legitimate? <u>Yes</u>	
To be answered ONLY in event of plural births.		7. Date of birth <u>1 31 1923</u>	
4. Twin, triplet or other _____		Month Day Year	
5. No., in order of birth _____			
8. FATHER		14. MOTHER	
Full name <u>Henry H. Hood,</u>		Full maiden name <u>Francis J. Bowden.</u>	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)	
If nonresident, give place and state <u>Globe</u>		If nonresident, give place and state <u>Globe,</u>	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>32</u> (Years)		17. Age at last birthday <u>26</u> (Years)	
12. Birthplace (city or place) <u>Ind.</u>		18. Birthplace (city or place) <u>Mont.</u>	
(State or country)		(State or country)	
13. Occupation <u>Metorman</u>		19. Occupation <u>Housewife,</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living <u>1</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>1/31</u> (Born alive or stillborn) at <u>8:30 A.M.</u> on the date above stated.			
*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 <u>G. E. Waghman</u>	
		(Physician or midwife)	
Address <u>Globe, Ariz.</u>			
name added from _____		Filed <u>Sub 6</u> , 19 <u>23</u>	
Elemental report _____		Local Registrar.	
Month, day, year.		Filed <u>Sub-6</u> , 19 <u>23</u>	
Registrar.		County Registrar.	

284-131-625